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ORIGINAL DEPARTMENT.

LECTURE.

PRESSURE ON THE SPINAL CORD FROM A SARCOMATOUS TUMOR.

A Clinical Lecture, delivered at the Hospital of the University of Pennsylvania, Sept. 20, 1881,

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Reported by WM. H. MORRISON, M.D.

GENTLEMEN:—To-day I bring before you a very interesting case, and in many respects a very obscure one. Let me briefly give you his history.

He is fifty-eight years old, an American, born in New York State. He has worked on a railroad, but is at present a miner. He has two children living. Three died in early childhood, from unknown causes. He has been a constant drinker. There is no history of venereal disease. He has been questioned repeatedly on this point, but always maintains the same statement, so that we may assume that this is reliable as far as he is able to tell us. He has had intermittent fever and the ordinary diseases of childhood. There is no evidence of any malignant disease, or of any kind of tumor, in any member of his family.

Four years ago he noticed a small nodule growing over the left shoulder blade. Two years ago he got a severe cold. The lump then grew faster, and reached the size of two fists last March, when it was cut out in this institution. It was examined by Dr. Dunn, and found to be a large round cell sarcoma.

Six weeks after this growth was removed other smaller nodules appeared on different parts of the body. They gave no annoyance, and he continued well until about ten weeks ago—that is, the early part of July. He then began to have pain in the back, in the lumbar and dorsal regions. This was a dull pain, and extended down the thighs into the calves of the legs, and to the feet. This pain soon incapacitated him from any exertion. It was not worse at night. During the past ten weeks he has lost much flesh and strength. Within the past three weeks, in addition to these symptoms, there has been increased difficulty in walking. On admission, two weeks ago, he was emaciated and weak. There was no distinctly cachectic appearance, but the expression indicated suffering and ill health. There was no fever. The functions of the body were reasonably well performed. Over the trunk and limbs these small tumors were found to the number of fifty, varying from the size of a pea to that of a walnut. The skin is not altered over them, except in one or two instances. All but one have increased in size. This one, on the right forearm, was as large as a filbert in July. It is now the size of a pea. The lymphatic glands are not involved. There was some indigestion before he came to the hospital, but that has disappeared. He still has pains in the back and limbs, the knee and ankle joints being the parts most affected.

In the first place, let us study these tumors, locally; secondly, in relation to the system of the patient, in order to determine their nature; and lastly, let us study the cause of the symptoms which have lately appeared.

The tumors are sufficiently evident to you as he lies here uncovered. You see them everywhere. They are painless, hard, and irregularly

nodulated. Here is a large one over the chest. It is very movable. The skin is very slightly adherent. There is no infiltration of the skin. I can lift the skin from the lump, and can also lift the lump from the pectoral muscles. In no case is the skin over the tumor distinctly infiltrated. There is no enlargement of the lymphatic glands in the axilla or in the groin. In addition to these tumors, I find over the ilium on the left side a peculiar prominence, with a scar. On examination I find that there has been a spiculated fracture of the crest of the left ilium. This probably has nothing to do with the present trouble. There are no lumps on the legs. Examining the scar on the left shoulder, from which the first tumor was removed, I find it purplish in color, but healthy looking. There is no infiltration of the skin, and there is no secondary growth in the scar.

Such being the gross appearance of these tumors, what is their anatomical character? We can scarcely doubt that these nodules are sarcomata of the same anatomical structure as the one which was removed. This disease has not been conveyed from the original tumor by means of the lymphatics, nor is it explained by continuity of structure. It has developed by a series of eccentric points, involving distant parts of the body, bearing no direct connection with each other, indicating, so to speak, a constitutional dyscrasia, with a tendency to the formation of these tumors in different parts of the body.

Now as to the condition of the constitution. Although we find such a tendency to the formation of multiple growths, there is no evidence of what is called cachexia. What is meant by this word, and what is its value as a diagnostic symptom? When we say a person is cachectic, it is understood that he presents the appearance of a person with malignant disease. There is a peculiar anæmia of the skin, a peculiar pallidity of the lips. The whole surface is anæmic, and at the same time there is a special straw color, a sallow, yellowish tinge to the skin, indicating a profound alteration of the normal constitution of the blood. Where this symptom exists in a marked degree, it possesses great diagnostic value. For instance, a man presents himself with an obscure abdominal trouble. Although you suspect a malignant disease, you cannot find any tumor. If in such a case there is a marked cachexia, it is a strong additional reason for fearing malignant disease of some internal organ. As a rule, this cachexia is not associated with any febrile action, but this is not constant. Malignant disease, of itself, does not cause fever, but malignant disease may, by irritating adjacent tissues, excite a local disturbance, which will cause fever. Schirrus of the stomach will not of itself cause fever, but it may set up a local peritonitis which will excite fever. Take the chronic pyæmias, particularly those which originate from some internal cause, as ulcerative endocarditis, as ulcerative atheroma of the arteries, as embolism of the spleen and kidney, where the embolic patches undergo disintegration, and the blood becomes poisoned; in all such cases the patient gets a most intensely cachectic appearance, looking very much as though he had serious malignant disease, but we find that this is accompanied by a marked hectic fever, which helps us in the diagnosis. This cachexia is marked also in certain cases of chronic tubercular disease.

But the absence of cachexia is no proof that the patient has not malignant disease. Many cases of malignant disease exhibit no considerable cachexia until very late in their course, and perhaps not through the whole course of the disease. I have seen this true in regard to malignant disease of every organ of the body. It is especially true where the disease has not involved the lymphatic glands or the great visceral organs. The fact that this man presents no cachexia is no evidence as to the benign nature of these growths.

You will note that at the spot from which the tumor was removed there has been no re formation of the growth. This is frequently the case with sarcomata. They may not re form *in situ*; but their reappearance indicates a constitutional taint, and this is shown very forcibly in this case by the simultaneous development of such large numbers.

Now as to the explanation of the symptoms from which he has been complaining for the last few weeks. As long as they were limited to pain in the back and limbs, we might have explained them as merely rheumatoid pains, affecting him in consequence of his broken-down condition and resulting from ordinary causes, as exposure, dampness and the like; but besides pain, he has suffered from loss of strength, which has been very rapid within the last three weeks; particularly has there been loss of power in locomotion, far more rapid than could be explained by the loss of power in the muscles. Now, although this man's muscles are still well developed, he is barely able to walk about, and then only by the aid of a cane, and his gait is very peculiar. In the first place, the movements of his legs became weak and irregular—in other words, they became ataxic. He was unable to direct them as he

wished, and the movements were uncertain. He then took a cane, but even then his walk was very irregular and uncertain; the movements were not coördinate. We call that symptom muscular ataxia—motor ataxia. Both the loss of power and the ataxia have rapidly increased. Of course, these symptoms would lead us to suspect some organic disease of the nervous system.

Is this trouble due to pressure upon the nerve-trunks after they leave the spinal canal, or is it due to disease of the spinal cord itself, or, lastly, is it due to the formation of one of these tumors inside of the spinal canal, pressing on the cord?

In the first place, let us determine if there is any formation of tumors in the abdomen pressing on the sacral plexus. I am unable to find by pressing deeply into the abdominal cavity that there are any large tumors along the vertebral column. If there were any tumors in this situation, it is probable that they would occupy the lymphatic glands, but you have seen that there is no tendency to involvement of lymphatic structure. If we had found the glands of the axilla and groin enlarged, we should have suspected that the abdominal glands were in the same condition. Therefore, our failure to find any tumors in the abdomen is just what we should have expected. Again, if it was a peripheral lesion, we should hardly find the loss of power and ataxia so symmetrical. If the trouble was dependent upon pressure on the nerve-trunks after leaving the canal, one leg would be involved more than the other.

Could this trouble be due to an organic disease of the spinal cord? It would be very improbable that a man with so many sarcomatous tumors scattered over his body should, in addition, have an organic disease of the spinal cord, independent of these formations. We have had no cause for organic disease of the cord, no syphilis, no excessive venery, no exposure to damp and cold, no injury to the spine, none of the causes that are frequently followed by organic spinal disease. It is true that, as this disease has advanced, it has presented some of the symptoms of locomotor ataxia. You will learn that locomotor ataxia is a disease of the posterior column of the cord. The connective tissue between the nerve tubules becomes inflamed, undergoes contraction, passes into a state of sclerosis, and presses upon the nerve tubules, so that they undergo atrophy. As a consequence, we have shooting pains in the extremities, progressive loss of control over the legs, and a certain amount of muscular debility. The disease frequently involves the eyes and arms, but it may remain limited to the lower part of the cord. The bladder is very often affected.

The ataxia in this case has developed very rapidly, within the past three weeks. In true locomotor ataxia, the trouble is not so much that the muscles have become weak, as it is that the brain has lost the power of controlling the legs, because the condition of the posterior columns of the cord interferes with the transmission of sensations from the extremities to the brain, and of orders from the brain to the muscles. There has been here such rapid progressive debility, that we should suspect something more than progressive locomotor ataxia.

Again, the pains have not been exactly like those of locomotor ataxia. In that disease, the pain is abrupt, varying greatly in position, coming on in the foot, then in the knee, then in the thigh, with great intensity, and then passing away to appear in another spot, as one or another nerve is irritated. This man's pains have been dull, and have remained in the same positions.

While there are several things against true locomotor ataxia, there are certain symptoms here, which we constantly have in true gray degeneration of the posterior columns. The most important one is the irritability of the muscles of the thigh. When in a healthy person the ligamentum patella is suddenly tapped, there is an instinctive contraction of the quadriceps femoris, and the foot is thrown out. In certain cases of spinal disease this tendon reflex is greatly increased. By tendon reflex I mean a reflex contraction produced by sudden irritation of a tendon. The most convenient way of developing this is by tapping the tendon at the patella. In progressive locomotor ataxia, this tendon reflex is lost. In this man, the tendon reflex is absolutely lost on both sides. This would indicate, as far as we have determined the value of the tendon reflex, a lesion of the posterior column of the cord.

A general consideration of this case would lead us to suspect that there was a tumor in the spinal canal. The ataxia and loss of reflex indicates that there is compression of the posterior columns of the cord.

I have no doubt that the proper diagnosis is, that our patient is suffering from a constitutional dyscrasia, with a tendency to the multiple formation of sarcomata in many parts of the body, and while, for the most part, these have involved the subcutaneous connective tissue, one has developed in the connective tissue of the spinal canal—the subarachnoid space probably—and devel-

oping there, it has caused pressure upon the spinal cord, particularly the posterior column, inducing ataxia and loss of the tendon reflex, and has now caused such pressure as to also interfere with the functions of the anterior column, tending towards paraplegia.

Now as to the prognosis and treatment of this case. Have we any encouragement to hope that we can cause the absorption of these growths? It was on this account, that I questioned the man so carefully in regard to the existence of any syphilitic disease. It is true, that the microscopical examination showed that the tumor removed, was a sarcoma; it is true, that the tumors do not present the ordinary features of gummy tumors, still, one grasps at a straw in such critical condition as this, and I should have been glad to find that this man was the subject of specific disease; but we are forbidden to entertain that idea at all. We have nothing in the natural history of sarcomata to lead us to infer that iodide of potassium or mercurials are capable of influencing their progress.

The only favorable feature in this case is the fact, apparently well attested, that this small growth over the head of the right radius has undergone progressive diminution, until, after having been as large as a filbert, it has become as small as a pea. There is no reason, as far as I can see, why this should have undergone this process, but if one has done it, why may not another?

We have put him on iodide of potassium as a sort of last resource, hoping that we may modify the growth of these tumors, or modify the irritative results and effects of pressure; but without any very definite hope, I confess. The remedies which are most likely to be of use in these cases belong to the class of great alteratives, iodide of potassium, arsenic and mercury. Perhaps no remedy can be used with more hope of doing good than Donovan's solution, the liquor arsenici et hydrargyri iodidi of the Pharmacopœia. I shall put him on ascending doses of this remedy, guarding its action by deodorized tincture of opium, so that we can give full doses without irritating the stomach and bowels. I shall begin with three drops, increasing gradually up to ten or twelve. If, after giving five or six drops, I find some irritation of the stomach, or looseness of the bowels, I shall add three, four or five drops of the deodorized tincture of opium. The medicine is to be given in two or three ounces of water, after eating.

If there should be any tenderness in the lumps, an ointment of belladonna will be ordered. He will receive the best diet, of whatever character he desires, and we shall endeavor to maintain the functions of the stomach and promote nutrition, hoping that we may favorably modify the development of these tumors.

COMMUNICATIONS.

A CONTRIBUTION TO THE STUDY OF THE ETIOLOGY OF PUERPERAL HEMORRHAGE.

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I desire in this paper to present to the notice of the medical profession the results of a study of some points in the intimate etiology of puerperal hemorrhage, that, although the inquiry is as yet far from complete, it may serve to awaken a general interest in a question which, while narrow in its immediate relations, is of a closely related and perennial importance. I may not be able to advance any views that are not now held by the many authors who have devoted a lifetime of research to the subject; but, satisfied that there is a channel still unexplored, my purpose will be realized if I am able to point out the means of exploration that lie at our command.

The causes of uterine hemorrhage have been variously classified. Each and all of the classifications have their merits, and, representing as they do the ideas of different authors, are severally deserving of consideration. Perhaps the best, and certainly the most rational of these divisions is that of Cazeaux. This division fixes the causes as three: predisposing, determining, and special. Following this classification, we are accustomed to delegate only a secondary importance to those causes which are numbered predisposing. Arbitrarily we assign something like prominence to the special etiology of this disorder, and to the determining causes devote but little more than cursory attention. In the realm of predisposition we have been taught to look for the purely extraneous, and investigation has not gone into any other than the most general and commonplace details.

Looked at with any degree of latitudinarian bias, predisposing causes would appear as insignificant as they are generally considered; but we are to remember that they may eventually lead into determining causes, or on the other hand may lay the foundation for any decidedly special. Causes purely predisposing have no foreign relations, and hence their reputation.

Yet all that is of them is essentially intercurrent with a foreign aspect of phenomena.

By a natural infinity of circumstances, conception works a change of many hues, not alone in the system of the woman considered as a whole, but also and more particularly in the relative conditions of all the genital organs. Although the application is general in its aspect, the one most considerable determination of change is that which takes place in the uterus. In every essential we find modification. Both functional and anatomical are the alterations, and include every relation of volume, structure, direction and form of the uterus. All of these are interdependent, and all causal. As concerned in the etiology of puerperal hemorrhage, the most important of these changes, by reason of their being the most predisposing, are those that re late to the uterine volume and structure.

The volume of the uterus is increased appreciably at each menstruation under action of the periodical congestion. Looking at fecundation as merely an artificial repetition of menstruation, we find that the same hypertrophy occurs, not spontaneously, but as the result of venereal excitement. This is of the moment, if we may so speak, and solely due to the same cause of production in menstruation—the evolution of a Graafian vesicle. But now occurs another and additional phenomena. The increase in the bulk of the walls does not begin only to end with a few days of excitement, but goes on with steady progress to the end of pregnancy. In no sense, as was once supposed, is this increase of bulk mechanical, but purely is it the consequence of augmentation of the muscular and development of the vascular apparatus of the parietes. Here we naturally pass to consider the occurrence of change in texture. Every constituent element undergoes change. The serous coat, under influence of a hidden motor of nutrition, expands and thickens. The mucous coat—in the virgin uterus seen alone by the aid of the microscope—becomes one vascular tissue. The muscular coat augments in bulk because of the "increase in size of the prëexisting muscular elements, and the formation of new ones." (Kölliker.)

I wish to call attention to the patent fact, revealed by histological coincidents, that it is this alteration in the texture of the muscular coat that lends most significance to the etiology of puerperal hemorrhage. In a consideration, we have to remember an exact idea of the arrangement of the three planes of muscular fibres that go to make up the uterine parietes. I confess to a preference for the descriptive anatomy of Hélie, as at once the most correct that has ever been written, and the most easy to understand. Hélie overthrows the once prevalent opinion of three distinct muscular layers, and describes that arrangement as too intricate to exist, inasmuch as the fibres of the layers pass from one to another. Nevertheless, the superposition being apparent, the French anatomist describes successively three layers.

For our purpose it is the most legitimate to consider that we have three layers to examine. The idea seems to prevail that there is an equality of change of fibrous structure in all three. But it remains to be demonstrated that either the external or internal layers possess any considerable tendency to develop an increase in the size of the original fibres, or to superadd other new fibres. To show proof of such an occurrence is virtually impossible, when we remember the anatomy of the muscular structure. It has never been my fortune to find any great increase of bulk in either layer, and with my experience agrees that of others who have had the privilege of far more extensive study. This is true not alone in the human uterus, but in that of the cow, the pig, the rabbit, and I doubt not of other animals. Very truly there is change in some measure, the internal layer changing more perfectly than the external, but both much less than the middle.

Why is this? A moment's attention to the anatomy of the three layers will furnish an answer as indisputable as a demonstration of the exact anatomy can do. The external layer is composed of a congeries of transverse and longitudinal planes arranged in regular alternation, and each exactly perfect. If the arrangement is transverse, then is that transversity precise and without encroachment of longitudinal or convoluted fibres. So in longitudinal planes—every fibre is longitudinal and none transverse. Consequent on this order of arrangement, there is little opportunity for excess of development. Each leaf that goes to make up the foliated layer is a layer in itself, and so admirable is the adjustment of nature that space for pathological change is wanting, except so far as extension and expansion go. With a trifling modification we may apply almost the same remarks to the internal layer. There the general arrangement of fibres is circular, with interlacing of traversing bands that go to make up the triangular fasiculus and its attendant elements, on the one hand, and to constitute and preserve the annular perfection on the other. There is little room for hypertrophy or hyperplasia. The histologist will meet

with gravid uteri that show no signs of the internal layer having received augmentation in bulk, while he will find perhaps as frequently others where a more or less extensive hypertrophy is apparent. This dissimilarity is marked. There are uteri where this layer is manifestly thickened, and others where the only change is expansion, with an occasion filling in of new tissue.

Before passing to consider the alterations that take place in the middle layer, we may inquire the reason why there exists this apparent favoritism. If we look at the fundamental laws of physiology at the outset, we shall not fail to assign a reason. To constitute hypertrophy, we have an abnormal nutrition as a causal force. In the increase in bulk of the uterus, because of the exaggeration of structure we do not have pure hypertrophy. There is excess of structural nourishment in part, and hpyerplasia in part. The primitive fibrillæ are enlarged, and new fibrillæ are generated. But still this is all due to hypernutrition. We are accustomed to hold that the uterus is changed in volume by new nutritives. Without disputing this, we necessarily come to ask why one muscular layer is not augmented as much as is another. It is no mystery. The outer layer expands, and to form a protective agency becomes a tough, fibrous envelope. The action of nutrition can be expended only for one purpose. If nature employs her material to strengthen the outer coat of the womb, she cannot at the same time use it to add new tissue or increase the old. To support this, we need only to cite that which all who have examined the uterus know to be a fact, the one well known anatomical condition that the outer coat of the gravid uterus is invariably of a fine, fibrous nature.

In reference to the inner layer, we may be as definitive. The French *savants*, notably Deville and his school, demonstrated long ago that the fibres of the internal layer in the recent gravid uterus are found deprived of the mucous membrane covering them, and the layer itself has become apparently thinner than in the non-gravid uterus. All this because the mucous membrane is impoverished by the decidua, and become a part of it. At the same time it is patent that if the material of nutrition is expended on the decidua, it is taken from the inner layer, which cannot increase as it would under the circumstances.

While there is but slight augmentation in the volume of the internal layer, and while the external layer is scarcely more augmented, the middle layer undergoes a volumetric increase greater than both others combined. To explain this we only need to know that this layer presents a most inconsistent irregularity of arrangement.

It is composed of bands of variable width, interlaced in all directions, and affording by this incongruity of position canals for vascular apparatus. Every fasiculus has its vein and artery. This close relationship serves to afford opportunity for extraordinary nutrition, and the consequence of this proximity is hypertrophy and hyperplasia. Here, more than in either other layer, new fibrillæ are generated. I have thought that in the majority of cases there is no other change than that which relates to the number of the fibrillæ. Yet this is not always provable, and may be but exceptional. However, hyperplasia has more to do with this increase of volume than does simple hypertrophy; and though the latter condition may in a measure obtain, the hyperplastic enlargement is regnant.

On this one local expression in the middle layer depends much of the predisposing etiology of puerperal hemorrhage. It needs closer study than I have as yet been able to devote to the subject to show that the change of structure in the internal and external layers has anything to do with causative action. It may be possible that such is the case, but it is improbable that they have any such distinction, or if any it is necessarily inconsiderable. The sum of the etiology depends upon the middle layer, and the burden falls upon the characteristic development.

I ask attention to the appearance of the muscular fibres, and more epecially to their mode of arrangement. The subject is one deserving of the closest study, and yet the most cursory examination reveals the opening pages of the volume.

We know that it is uniformly the case for the fibrils of the muscles of inorganic life to be formed into flattened bands, which interlace in all directions, to form the compact whole. But in the middle coat of the uterus there is a difference. The bands have there gone to constitute the peculiar reticulate arrangement of the muscle, and the mesh-work is more loosely organized, and less homogeneous in appearance. Nor is this all. If we examine the same coat from a gravid uterus we find that every fibre is less perfectly made, their composition more exceedingly elementary, and their capability for contraction slighter than in the non-gravid uterus. Under a magnifying power of 300 diameters (350 according to Kölliker), the fibre-

cells of unstriped muscular tissue are clearly visible as spindle-shaped, with a rod-like nucleus brought clearly into view.

Studied with a high magnifying power, it is co nparatively easy to determine a difference between the middle coat of the gravid uterus, and the same coat of the non-gravid. Speaking essentially, the fibre cells in the former are more elongated and less ho nogeneous-appearing than they are in the non-gravid uterus.

The nucleoli present the same tendency to elongation as do the nuclei.

Contrary to what might be expected, the fibres, though made up of larger cells than in the non-gravid uterus, do not closely band together. They clasp the arteries and veins in an uncertain grasp. They bind broken plane to broken plane with loss of tenacity. They strengthen their borders but feebly. The fact shows self-evident that there exists an anatomical state of things which go to place the uterus under a condition in which to ill resist any extraordinary force that may contribute to the exertion of its influence against the existing integrity of structure. That such an influence is resident in the vascular system of the uterus is one of the axioms of pathology.

A new order is introduced into the general circulation from the very commencement of pregnancy. The heart gains in systolic action, and does not lose in diastole. The respiration is obstructed. The blood rushes through its channels with newness of force. In the uterus its height of orgasm invites a determination of blood, and prompt to obey, the heart urges forword an abnormal supply of the life-giving fluid. The uterine vessels are surcharged, and the blood congests in the vessels of the neighboring parts as well. The demand necessitating the extra supply awakes the supply to ask an increase in the relative size of the vessels. All of the four arteries that nourish the organ increase in size, the ovarian seeming to take upon itself greater increase than the uterine. Every individual capillary enlarges. And here we must remember that the capillaries are naturally weak in their walls, and ill-adapted to stand the enormous increase of pressure. Still, without provision for the great change, they bear the burden, and bear it illy. Yet the capillaries are not destined to undergo as much as do the veins. These, though highly developed and freely anastomosing have a most remarkable parietal feebleness. The walls, composed of a single coat, adhere to the uterine tissue, forming the uterine sinuses. The absence of valves limits any token of consistency. Each vein sends out its ramifications—all more feeble than the vessel from which they originated, and each penetrating into the uterine cavity, and eventually into the placental substance.

Thus we see that the blood passes from the moderately sized arteries into abnormally enlarged capillaries, each one approximating in size to the trunk from which it arose, and feeble in proportion to its size, and thence returning, passing from very large venous branches into narrower trunks. Consequent on this arrangement there is, as has been graphically shown by Jacquemier, every provision for a venous stasis, which stasis predisposes to rupture of the vessels.

Briefly, therefore, the conditions to the etiology of puerperal hemorrhage are these: The middle layer is enormously developed by hypertrophy and hyperplasia, the hyperplastic elements being singularly lacking in homogeneity. Through this layer ramifies a plexus of vessels, largely increased in volume, and feeble in their walls.

This predisposition existent, there needs some accidental cause to favor hemorrhage. It may come in various shapes—fatigue, intemperance, venereal excesses, etc. Nature's harmony has been abbreviated, and it needs but a trifle to overthrow all that remains. The inharmonious exigency destroys the existent integrity and every just relation between the uterus and ovum—the one not yet habituated to its newness, the other placed in strange and inconsistent relations. The natural power that binds to place is lost, or, if not lost, is wholly infirm. The tissue in which the vessels ramify is delicate, because of the fresh genesis of fibrillæ, and no longer does it support the vascular apparatus with its primitive strength. A motor force is awaited by which to test that strength.

It will now be justly asked how any accidental cause may determine hemorrhage in the face of these relations. We are taught to regard the condition as one of apoplectic significance; yet to the unbiased student it cannot be proven by the fact that there obtains a state of apoplexy. I confess, as many another has confessed, that with my earliest experience I could not understand this. I may not have arrived at a satisfactory reason, but it seems one appropriate to the subject. In many cases of puerperal hemorrhage the patient will complain, or if not complaining will admit on questioning, that just prior to the flooding she "feels the movements of the child." In cases not a few the hemorrhage is an incident of the first three months of pregnancy; while, if we adopt the views of Mauriceau and others, the

fœtal movements cannot be properly felt until after the fourth month. Thus it is evident that the self-satisfied opinion of the woman is as ridiculous as unfounded. Nevertheless, we have no reason to doubt that patients experience a sensation so like as to be aptly considered to be a fœtal movement. The oft-reiterated testimony of many patients stand to support this. If it be not a true fœtal movement, to what shall we refer it? No more plausible answer can be given than to suppose this sensation to be essentially a spasm of the walls of the uterus. To be sure this is purely a theory, but I find that it has engaged the thought of such a scholar as Gendrin, although that distinguished authority attempts no explanation of the provinces of the theory. Considering then that the agency of some extraneous action provokes a spasmodic contraction of the uterine parietes, we are led to ask how this is accomplished. Agreeable to the investigations of Robert Lee, we may set forth in the bounds that he has prescribed, a reason referable to the uterine nervous system. Like the arteries and veins, the nerves also undergo hypertrophy, yet the parietal sensibility is scarcely altered. With the filaments from the ovarian plexus there exist frequent anastomoses of the sacral nerves. It follows, therefore, that any sudden or severe mental shock, and any extreme or protracted physical exertion, acts upon the uterine nerves through the spinal cord, and does so in preference to acting upon any other part of the nervous system, solely and simply because of the weakness then incident to these particular nerves in consequence of the neural and neurilemnal abnormal excess of development. I hope at some future time to be able to show some reason for this favoritism, the incident of which reason doubtless being resident in the intimate anatomy of the nerve substance. The general condition sufficing to direct our inquiry at this time, it seems self-evident that this impression upon the uterine nerves produces a spasm of the external layer of the uterine parietes, which layer compressing the middle layer, determines a sanguineous extravasation from its vessels.

This creates an extra condition of venous stasis, the utero-placental veins rupturing much more frequently than do the utero-placental arteries. This is due to the loss of contractile power in the fibres of the middle layer, and is in exact contrast to the extraordinary gain of the same power in the outer layer.

The natural outcome of these features causes either of the two conditions under which puerperal hemorrhage may exist, namely, a fluxion into the placental disk, or a rupture of the placental adhesions and consequent flooding.

This is the gist of the little which my study of this subject has taught me. Other investigators in the present state of the knowledge of the subject will confirm my views, even as we come upon the axioms of others as we unroll the book of our science. I lay claim to no originality in these thoughts. Attempting a careful study of this branch of obstetrical medicine, I have found it fascinating in the extreme, and capable of further development. In the intimate anatomy of the uterine parietes lies *all* of the predisposing etiology of puerperal hemorrhage. I have begun to work up this matter, and I hope that at another time I may lay the more matured results before the profession.

AUTUMNAL CONJUNCTIVITIS.

BY HENRY S. SCHELL, M.D.,
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It is in the latter half of the month of August that an ocular affection usually commences, which is characterized by symptoms sufficiently peculiar to merit a separate description and designation.

The disorder is limited to the conjunctival sac and begins with an itching or pricking sensation, in or about the caruncula lachrymalis. In most cases both eyes are affected at the same time, although one of them is often, if not generally, worse than the other, not only at the beginning, but throughout the course of the malady.

The irritation soon spreads throughout the extent of the conjunctiva, but so long as the annoying sensations are yet moderate in degree they may be to some extent relieved by gentle pressure applied to the eyes. Turgescence of the vessels, however, shortly follows the itching, the eyeball becomes suffused and the inner surface of the lids red and swollen. As yet the greatest amount of congestion is found near the inner canthus. When the vascularity spreads to the entire conjunctival sac, intolerance of light comes on and an attempt to open the eyes provokes a free discharge of tears and mucus.

Paroxysms of itching now arise from time to time, without any apparent cause. They occur suddenly, at irregular intervals, and are attended with an almost irresistible desire to rub the eyes. If this inclination is yielded to all the symptoms immediately become intensified. The eyes burn, the papillary structure of the tarsal conjunctiva becomes hard and turgescent and, with every movement of the ball, grates against

the sensitive cornea, producing all the distress which follows the entrance of a foreign body into the conjunctival sac. The lids are red, swollen and œdematous, tears and mucus are poured out in abundance, and the skin of the lower lid soon becomes excoriated. Styes may occur occasionally and marginal blepharitis often arises and continues after the cessation of the original malady. The lids are found to be stuck together in the mornings and the eyes are opened with difficulty.

The disorder tends to become chronic, although it usually disappears with the occurrence of frost. As a general rule there is more or less nasal catarrh, with frequent sneezing, present from the beginning of the disease. Often, however, this accompaniment is so slight that the patient does not notice it, unless his attention is especially called to it by inquiry. On the other hand the ocular affection may be merely the initial symptom of an attack of hay fever.

It is important to be able to distinguish autumnal from ordinary catarrhal conjunctivitis, for the remedies which promptly relieve the latter will be found to aggravate the former. The distinction may ordinarily be made by taking into consideration the time of year when the malady occurs, the paroxysms of intense itching in and about the eyes which accompany the disease, and the nasal catarrh which is so frequently present.

Treatment.—So long as the acute symptoms persist the disease will be found to be aggravated by the local use of astringents, but the greatest relief will be obtained from the constant application of infusion of slippery elm bark or sassafras pith to the conjunctiva, with the use of cosmoline or vaseline to the eyelids. If the latter become excoriated, oxide of zinc in the proportion of three grains to the drachm may be added to the fatty matter. If the itching is intense, camphor water may be added to the demulcent infusion, in the proportion of one part of the former to four of the latter.

After the paroxyms of itching have decreased in frequency, borax may be cautiously added to the demulcent, at first in the strength of two, afterward of four, and finally of ten grains to the fluid ounce. But its use should be desisted from if it provokes a return of the itching. After the sensitiveness of the parts has subsided a collyrium of tannin, eight grains to the fluidounce, applied three times a day, will usually suffice for the cure. If the disorder continues, however, after the occurrence of frost, it will often be necessary, in order to hasten recovery, to give an impulse to the *vis medicatrix naturæ* by everting the lids and applying a four-grain solution of nitrate of silver to their inner surfaces.

During the whole course of the affection, quinine should be administered, in doses of one or two grains, three or four times a day. Bromide of potassium should also be given at night, in quantities sufficient (ten to sixty grains) to allay irritability. If the patient is troubled with occasional alternations of heat and chilliness, or is very sensitive to currents of air, ten drops of the tincture of belladonna may be added to each dose of quinine. The eyes should, of course, be protected from the light by London smoke spectacles, or a shade, and should be given entire rest from near work. The administration of iron is often beneficial, if the patient is anæmic.

Hospital Reports.

UNIVERSITY OF THE CITY OF NEW YORK.

CLINIC OF DISEASES OF THE MIND AND NERVOUS SYSTEM.

BY PROF. WM. A. HAMMOND, M.D.

Reported by H. H. Seelye.

Hysterical Paralysis.

Case 1.—Prof. Hammond brought to the clinic a woman on whom he had recently been experimenting with magnets, in order to test the validity of some of Prof. Charcot's conclusions regarding the therapeutical power of magnets and metals, the correctness of which he said that he doubted.

The patient was apparently about thirty-five years of age, looking healthy, but not very intellectual. Before she entered the room, Prof. Hammond announced to the class that he had found that by moving a magnet back and forth a few times along the palmar surface of the forearm, but not quite touching it, the flexor muscles of the arm and hand would slowly contract, until the fingers became closed, and then the forearm flexed on the arm. The muscles would remain rigid in this position until he caused them to relax by repeating the same movements with the magnet, upon the dorsal surface of the forearm. He announced to the class that he now intended to try the same experiment with a piece of non-magnetized iron, shaped like a horseshoe magnet. Though he had not before tested it, he believed the same effect would be produced as by the true magnet.

The patient was now introduced, and Prof. Hammond gave her to understand that he was about to repeat his previous experiments, but that he would use another magnet stronger than before, which he thought would produce the same effect sooner. He then, with the non-magnetized iron, executed the movements described above. In a few moments the fingers began to close, and soon the hand became tightly shut, and then the forearm came up until it was completely flexed. On withdrawing the iron, the muscles remained

thus in tonic contraction, and would continue so, Prof. Hammond said, until he should release them. He then directed his assistant, Dr. G. M. Hammond, to endeavor to open her hand. This he accomplished with difficulty, and on letting it go, contraction of the muscles again ensued. The same maneuvers were now repeated on the dorsal surface of the arm, and in a few moments the muscles relaxed again suddenly, and returned to their normal condition. The patient was now removed, and the iron used was proven not to be a magnet.

Prof. Hammond then said, in reference to this and analogous cases, that he had often experimented with magnets in the treatment of certain forms of paralysis and muscular weakness and other nervous disorders, such as convulsions, headache, and anæsthesia. In some instances he had seen remarkable results. He did not think, however, that they were due to any inherent therapeutical power in the magnet, but that all the phenomena were due to the working of the "principle of suggestion" on the mind of the patient. This alone could account for many otherwise inexplicable cures.

The use of metal discs, or metalloscopy, he said was again coming into repute for the treatment of these nervous affections, and some experimenters had achieved great success. Here small discs of different metals are applied along an affected muscle, until a metal is found which seems to somewhat relieve the symptoms. Then a number of discs of the metal are bound over the part, and left there. At the same time a solution of some salt of the metal is administered internally. This method of treatment was first scientifically investigated and put to practical use about the year 1849. In reference to the curative properties apparently possessed by these metals, magnets, tuning-forks, and similar agents, Prof. Hammond made the remark, that we do not know what is the force that lies back of them. We only know that physically weak forces here produce physiologically great results.

Notes on Case 1.—The study of this case leads to the thought, what is the physically weak force behind these appliances which produces these physiologically great results? And how does this force act? The following is presented as an interesting, if not possible explanation of the mystery:—

A magnet is known to manifest its attractive power, principally toward iron. And when small particles of iron are brought into the vicinity of the poles of a magnet, they immediately become magnetized, and in turn attract neighboring particles to themselves. Nor will this action be prevented by the introduction of a non-conducting and thin medium between the magnet and the particles of iron. It is also known that the red corpuscles of the blood are largely composed of hæmoglobin, and that about five per cent of the hæmoglobin is pure iron. Each blood corpuscle may, therefore, be conceived to represent a minute particle of iron. If, therefore, a magnet be approached to the surface of the skin at any point, it follows that the red corpuscles in the vicinity will, by reason of their iron, be attracted to that point. Nor will the skin, though intervening, prevent this action.

If, now, the magnet be withdrawn from the surface, the corpuscles are free to again flow off in their natural channels. When again approached there will be a renewed flow of blood to the part; and as each corpuscle attracts and holds its neighbor, there will be a partial stasis or congestion at that point, until the blood is again released and allowed to flow off, by the withdrawal of the magnet. A complete stasis will, however, be prevented, because the forces which keep up the constant capillary circulation will probably act with more than enough power to overcome the detaining force of the magnet. Thus the circulation would still be kept up, while the flow of blood to the part would be increased.

We can now see how a paralyzed or atrophied muscle might be restored. For the blood is known to be the vehicle for carrying nutrition and supplying oxygen to the different tissues of the body, while it removes the carbonic acid and waste materials. If now any diseased part receives an excessive supply of pure blood, it therefore obtains more nourishment, and so is reinvigorated, while its morbid matter undergoes resolution and is absorbed and carried off by the circulation. This induced circulation will be more than ordinarily rich in red globules, and hence in nutrient qualities, from the fact that in a given space the red corpuscles will, by reason of their mutual attraction for each other, become aggregated together, and thus crowd out the plasma, which contains no iron.

It is evident that if this process is long enough continued, the diseased part will finally be restored, and thus fitted to resume its natural function. The truth or fallacy of these deductions might easily be demonstrated by watching under the microscope the circulation of the blood through the capillaries of a frog's foot, and noting whether or not there would result any modification in the flow when a magnet is approached into the vicinity of the stage.

The action of metallic disks, the galvanic and faradic currents, and perhaps other therapeutical measures, may possibly, with slight modifications, be similarly explained.

It is shown by a delicate galvanometer that contact of a metal with the skin or any tissue of the body will generate a current of electricity. So when a metallic disk is placed upon the surface of the skin, we may conceive it to form one element of a galvanic pile, while the iron of the blood acts as the other. A weak current of electricity is thus generated, which will, in a diminished degree, produce the same beneficial effects as a more powerful current. We can thus account for the success attributed to the use of metalloscopy. The presence of iron in the blood and tissues may also aid the passage of the electrical current from one part to another. For those tissues of the body which are best supplied with blood, and conseqently contain the most iron in their structure, are found to be better conductors than those which have less. So muscles are better conductors than nerves, and nerves than cartilage. But as electricity is conducted by other metals as well as iron, those tissues which contain any metal in composition will also be good conductors, in proportion to the amount of metal they possess.

We might now speculate as to the possibility of accounting in a similar manner for the beneficial action which is often derived from the external application of hot fomentations, frictions, blisters, and the like, by the setting up of small currents of electricity, which are known to be generated by heat, friction, and chemical action. But these investigations, if carried out with scientific accuracy, might be found more interesting than profitable, while experiment would probably show that there is some fallacy in these theories, which would undoubtedly be found to lie in the fact that the salts and solutions of iron and other metals do not follow the same laws regarding magnetism and electricity as do these materials when uncombined.

Were it not for this fact, we might easily explain physiologically, as above, therapeutical effects, which must otherwise be referred to the action of the mental phenomena of expectant attention or to the laws of suggestion.

Bell's Paralysis.

CASE 2.—The patient is a German woman about forty years of age, who presents symptoms of facial paralysis on one side. Otherwise she appears quite healthy. Six days ago, she says, she was exposed for some time to a cold draught of air on her face. Soon after she felt a pain in the side of her face, which continued for four days, and at the same time she was unable to use the muscles of expression on the right side. Her only treatment, so far, has been some bitter medicine, which was probably strychnine; but she has not improved any.

She presents now the following symptoms: If she attempts to laugh, only the muscles on the left side of the face contract, while the right side remains perfectly blank and expressionless. By the action of the unparalyzed half of the orbicularis oris, and the other muscles of the left side, the left corner of the mouth is drawn upward and outward, presenting thus a very peculiar and striking appearance. She is unable to completely close the eye on the affected side. In attempting to frown or elevate the eyebrows, the left half of the forehead alone is wrinkled. She cannot place her lips in position to whistle or to blow out a light.

After finishing his examination of the patient Prof. Hammond commented on the case as follows: The fact that only the muscles of expression are affected is sufficient to diagnose this form of paralysis from that due to hemiplegia, cerebral hemorrhage, and other causes. The lesion here is evidently in some part of the course of the seventh cranial nerve. The exposure to the cold draught probably set up a rheumatic inflammation of the nerve, which caused an effusion of coagulable lymph within the nerve sheath, which was followed by swelling, and hence pressure on some portion of the temporal bone. This pressure persisting, gave rise to the pain and the paralysis of the nerve. Long continued pressure on any nerve will cause paralysis of the parts supplied by it, as may be evidenced by sitting for some time with the arm hanging over the back of a chair, thus compressing the axillary nerves. When the facial nerve is paralyzed the eye affected cannot wink automatically, hence particles of dust collect on the conjunctiva, and the eye becomes inflamed, and tears form and trickle down the face. This inconvenience may be avoided by keeping the eye closed with a small piece of court plaster, when the patient goes out into the wind. This, also, has a slightly curative influence.

As to treatment, not one case in a thousand can be cured without the use of electricity in some form. The indications are to produce contraction of the paralyzed muscles. If tried early, the faradic current is very efficacious in accomplishing this end. In applying it, place one of the wet sponges of the machine just under the ear on the affected side, and touch all the paralyzed muscles in succession with the other sponge. This should be repeated every day until the patient gains some voluntary power over the muscles. With sittings of about fifteen minutes a day, this result will generally be attained within two or three weeks. After this, the application need only be made every other day, for a couple of months, or until perfect control over the muscles is restored. Another very beneficial procedure is, to put a hook, made for the purpose, into the angle of the mouth on the paralyzed side, and attach it by the other end to the ear, so as to draw back the relaxed muscles and keep them contracted. Such an apparatus may easily be made, by softening a piece of whalebone in a flame, when it may easily be bent into a hook of the required shape, and then should be polished smooth. It must be long enough to reach from the angle of the mouth to the back of the ear, around which it is retained by another bend. Or a simpler modification may be made from a lady's cloak-hook, to which is attached a small rubber band, which encircles the ear. This should be worn at night, and it will be found quite efficacious; often shortening the duration of the disease one half. A cure will frequently be effected by the use of mild galvanism, together with the hypodermic injection of strychnia. The solution may be prepared as follows: To one grain of sulphate of strychnia, add one ounce of water. Of this, inject ten drops the first day, into the face or calf of the leg, or better still, into the deltoid muscle. Increase the amount by one drop each day. It is rarely necessary to carry it beyond twenty or twenty-five drops. If the patient is seen while there is still some rheumatic effusion in the sheath of the nerve, blistering or cauterizing over the inflamed portion is often beneficial. By some of these means, about ninety-nine one-hundreths of the simple cases may be cured. If these measures are unsuccessful it is probably because the patient was seen too late.

This woman will come daily to my office to have the electricity applied, which will probably effect a speedy recovery.

Jan. 6th, 1881. The patient returned to the clinic to day, but she has received no treatment since her first appearance. She says she did not go to have the electricity applied, because she thought the paralysis would wear off of itself. She is now no better, and the symptoms are about as before. Prof. Hammond told her that because of her foolish negligence her case was now so far advanced that it might be difficult or

impossible to cure her. Dr. Morton, however, volunteered to try the application of electricity upon her, and thinks he will yet effect a cure.

Four weeks later the patient again presented herself, somewhat improved, having received four applications of electricity. She can now shut the eye almost completely and it does not water as much as before. The same treatment is to be continued.

Notes on Case 2.—The symptoms of facial paralysis may be produced from four other principal causes, than exposure to cold draught. Namely, from external injury; from disease of the ear involving the petrous portion of the temporal bone; from pressure of the parotid gland, by reason of a tumor in it; and from a tumor or other disease in the brain. Besides this, it frequently follows as one of the sequelæ of other diseases, such as diphtheria, for instance. In newborn children it is also sometimes present where the forceps used in delivery has pressed upon the facial nerve.

The paralysis is generally on only one side of the face, but it may involve both.

Other symptoms which may be present, but which were not noted above, are the following: The saliva sometimes dribbles from the side of the mouth; the food collects in the paralyzed cheek; there is a puffing motion of the cheek; articulation is indistinct; deglutition is interfered with; and the muscles of the nostrils are collapsed. The paralyzed half of the mouth opens and closes less completely than the sound half, and the uvula may be drawn to one side. There may be earache, or neuralgia of the fifth nerve; and sometimes there is deafness in the ear on the affected side. The eye remains open during sleep, as well as in the daytime. The location of the primary lesion may often be determined by the presence or absence of certain symptoms. Thus, when the disease involves the chorda tympani, there is likely to be overacuteness and painfulness of hearing, dryness of half of the tongue, and some impairment of taste; and if the petrosal nerves are involved there will be paralysis of half of the soft palate, so that the uvula curves away from the affected side. If the disease is at or near the internal auditory meatus, the involvement of the auditory nerve may cause deafness. If the common nucleus of the sixth and seventh nerves is involved, there will be paralysis of the external rectus muscle, and hence internal strabismus in one eye. If the disease be of centric, or cerebral origin, it will probably be accompanied by hemiplegia in some of the other muscles, as well.

This affection is sometimes called "Bell's Paralysis," from Sir Charles Bell, who first described it, having produced it by cutting the faciel nerve for neuralgia of the trigeminus.

As so large a proportion of these cases are treated by electricity in some form, it is perhaps well to recall some of the effects produced by the different methods of its application. The same laws will apply to other paralyses as well as to that of the facial muscles. By the action of the electrical current, the source and extent of the disease may often be determined. Thus it has been demonstrated that if the lesion is in a motor nerve only, the muscle will respond more feebly than normal, to both the galvanic and faradaic current; or if the nerve is destroyed at its centric origin in the ganglion cell, or in its course from thence to the muscle, there will be no response to electricity. But if the muscular tissue has become degenerated by the disease, the muscle will react with less than normal power, or not at all, to the faradaic current, and likewise at first to the galvanic, but it soon regains its contractile power under this latter application, and then reacts to it with much more vigor than normally, and with a feebler current.

Moreover, whereas in normal muscular tissue, when a weak current is applied to the muscle by the negative pole, on closing the circuit the muscles will contract; if the muscle is diseased, the positive pole will cause the contraction, on closing the circuit, but the negative pole on opening the circuit. The natural action of the galvanic current is hence reversed as regards the poles, in the case of a diseased muscle.

By applying this knowledge of the action of the faradaic and galvanic currents, we may determine whether the nerve alone, or the nerve and muscle both, are diseased. Thus in facial paralysis, if the reaction to both galvanism and faradism is merely lessened, the nerve only is affected. But if there is no reaction to faradism, while the response to galvanism is exaggerated above the normal, and at the same time the negative pole causes contraction on opening the circuit, with a feeble current, and the positive on closing it, then we may conclude that the muscles also are becoming degenerated and are undergoing muscular atrophy.

If the motor nerve also is found to be diseased, galvanism, if properly applied, or, better, in conjunction with faradism, will probably induce recovery. But if the disease has also involved the muscular structure, or has its origin in a brain lesion, it is beyond the influence of electricity.

Thus we find electricity valuable, not only as an aid in diagnosing facial and other paralyses, but also and chiefly as a remedial agent in both muscular and nervous derangements.

Palmar Eczema.

In *l'Union Médicale* we find the following treatment, that of Drs. Lush and Liveing. The following lotion is used to calm the intolerable itching, in chronic eczema of the palm of the hand:—

℞.	Sodæ bicarb.,	ʒ ij	
	Potass. bicarb.,	ʒ j	
	Glycerin.,	ʒ j	
	Tr. opii,	ʒ ss	
	Aquæ,	ʒ viss.	M.

In very obstinate cases, where the skin has become very fragile, Dr. Liveing recommends the following solution:—

℞.	Liq. potass.,	ʒ iss	
	Aq. destill.,	ʒ viss.	M.

This should be used as a lotion until the skin commences to peel off.

He has also found that rubber gloves were of benefit. The internal administration of arsenic proved efficacious.

EDITORIAL DEPARTMENT.

PERISCOPE.

Has Each of the Zymotic Diseases a Specific Poison?

As bearing upon this question, Dr. G. Hayward Coburn, of Fredericton, N. B., Canada, writes to the Philadelphia *Medical Times*, Oct., 8th, 1881:—

January 30th, I was called to see Ethel G. æt. 12. I found a well-marked case of diphtheria; pain in head and back, high pulse and temperature, false membrane covering both tonsils and uvula. *No signs of any rash upon body; had had scarlatina.* Under use of potass. chlor., gr. iij, and tinct. ferri chlor., ♏ xij, every half hour for twenty four hours, and subsequently at longer intervals, with the use of carbolic spray locally, the symptoms rapidly subsided. Some of the ordinary sequelæ followed, such as weakness of lower limbs, partial paralysis of voice and deglutition, etc.

February 4th, Maud G., æt. 14, Edie G., æt. 6, and Lola G., æt. 4, were taken sick—headache, vomiting, etc.—and I expected the usual manifestations of diphtheria to follow. Somewhat to my surprise, on the third day *a bright scarlatinous rash*, covering the whole body, appeared. None of these had had scarlet fever. No false membrane appeared in the fauces of Maud or of Lola, though there was some angina. Their cases ran mildly through the usual course, followed by abundant desquamation. In Edie the anginose symptoms were very severe, with abundant and successive crops of false membrane. All her symptoms indicated serious blood-poisoning. For eight or ten days the temperature ranged from 103° F. to 105° F. Great swelling of lymphatic glands of neck occurred, with various symptoms indicating extreme adynamia. On the fifteenth day I opened a large abscess on right side of neck; the pus was very offensive, and so irritating that it caused the skin around to inflame and ulcerate. Three days after a deeply-seated abscess formed on the left side, causing difficulty of breathing from pressure upon the trachea; this I at once opened. Finally, in spite of free stimulation by means of quinine, brandy, carbonate of ammonium and camphor, she continued to sink, and died on the twenty-first day of illness.

In the meantime, Mrs. G., who was worn out by constant nursing, was exposed to cold, which was followed by a sharp attack of acute rheumatism; temperature 104° to 105° F.; much pain and swelling of ankle-, wrist, and finger-joints. These symptoms were promptly arrested by large doses of salicylic acid.

February 21st, or at the time of Edie's death, Lola G., who, it will be remembered, was convalescing from scarlatina, was again taken sick, and in two or three days a typical case of measles was developed. At the same time, Mina G., æt. 1, broke out with measles. Harry G., twin brother of Mina, had no rash, but in a few days a swelling was noticed in his right groin, which extended downward until it reached the knee. The whole thigh became as hard as a brickbat, terminating in an abrupt line at Poupart's ligament. This I attributed (whether correctly or not) to thrombosis. Under the assiduous use of poppy fomentations and inunctions with blue ointment and extract of belladonna, the swelling and hardness disappeared, except just below the groin, where an abscess formed; this I incised. Diffuse cellular inflammation followed, and I had to extend the original incision in several directions, to allow separation of sloughs. The whole cellular tissue of the femoral triangle sloughed out, leaving the muscles and deep fascia exposed. Under the use of carbolized irrigations and dressings, the immense hole healed by granulations, and a good recovery followed.

On the Cold-Water Treatment of Scarlatina Maligna.

In a paper read before the Canada Medical Association, at Halifax, N. S., August 3d, 1881, and published in the *Canada Lancet* for October, Dr. A. Worthington, of Iroquois, Ont., says that prior to 1855, when he first commenced the cold-water treatment, he lost about thirty-three per cent of his cases. In the spring of 1855 an epidemic broke out which proved both malignant and extensive. During this epidemic he visited most of the families within his circle, and became the terror of parents; for, having in the meantime looked up carefully the literature of scarlatina, he had come upon a small work on children, by J. F. Meigs, of Philadelphia, in which he found a letter to the author, giving the history of a number of cases treated by cold sponging, ice to the throat, externally and internally, and ice-water poured over the head and body, nearly all of which recovered. This letter was written at the request of the author by Dr. Hiram Corson, of Pennsylvania, in which he credits the origin of the cold water treatment to Dr. Samuel Jackson, whose articles on the subject appeared in the *American Journal of Medical Sciences* for May and August, 1847, and its perusal fully decided him to try cold water. His plan was to pour ice cold water over the patient's head and neck for a couple of hours at a time, to sponge the entire body frequently, and to keep cloths wrung out of cold water constantly around the neck. He used no medicine, except to keep the bowels open. Although he met with much opposition from parents, he never relented, and always ended by having his own way. He reports innumerable cases, all of which recovered. In one house five children were down; in another nine. The latter were all delirious, but under a constant stream of cold water their reason returned in about two hours. Recovery was always rapid, and no bad sequelæ followed. During an epidemic which occurred in the northern part of Huron County, in 1863, however, the Doctor states that though the cold-water treatment proved fairly successful, a number of

cases ended fatally, which his former experience had led him to think ought to have been saved. Says he: "There was a difference, in a remarkable way, in the character of the epidemics of 1855 and 1863. That of 1855, in most of the malignant cases, attacked the brain, and through it the nervous system, producing a tendency to death by coma, and indicating such a form of treatment as would relieve the brain from the overwhelming effects of the poison. This was most effectually found in the cold-water treatment, very little support being needed; while in the epidemic of 1863 the heart seemed to be the point of attack, causing great debility and prostration, producing a tendency to death by asthenia, indicating the necessity of tonics and stimulants from the first, as also strong nutrition and moderate application of cold, more especially to the throat. The mind in the last mentioned epidemic usually remained clear, and I have reason to think that if I had commenced the use of tonics and stimulants earlier I would have saved several patients who ultimately succumbed."

Extra-Uterine Pregnancy.

The following report of a case of extra-uterine pregnancy appeared in the *Medical Annals* for September, 1881:—

Mrs. B. was married in 1871, and became pregnant in 1874 for the first time. At each monthly period after, she had a thin, pinkish discharge different from her usual menses. In the fall of 1874, she was taken with severe abdominal pains and had a watery discharge from the vagina. Her mother and married sister told her she was threatened with a miscarriage, as the waters had broken. A physician was called; he considered her in the seventh month of gestation; gave anodynes for her relief. She was confined to the bed for five or six months, and then slowly gained her usual health and a return of her natural menstrual flow, but no delivery of the fœtus or child took place.

In 1877, she became again pregnant, and at the seventh month was delivered of a dead child.

In July, 1879, while in a tree picking cherries, reaching for a limb, she felt something give way in her abdomen. This was followed by a slimy discharge from the rectum for three days, then by a profuse yellow purulent flow. From that time to the present, she has had periodic discharges of the same nature following a similar sensation. I saw her and made an examination per rectum, February 4, 1881. She consented to go before the medical class for an operation, but I received a note next day stating that she had changed her mind. I saw her soon after, but she refused to submit to any interference for relief. She afterwards, however, consented to any procedure that I might institute.

The examination revealed, about three inches from the external sphincter, a mass of denuded cranial bones. On another examination, about two weeks later, I was unable to reach them. March 3, she sent for me, stating that the bones had come down again so that she could feel them. March 4, under ether, I found the fœtal remains in a cul-de-sac lying in front of the rectum, behind the uterus, and easily felt through the vaginal walls. I hooked my finger in the mouth of the sac, pulled it down, and tilted it over, so that its opening was nearly in line with the intestines. The long and larger bones were removed with a long forceps, by getting their diameters perpendicular to the opening. The smaller bones were scooped out. Some two or three pieces were imbedded in the wall of the sac, but were dislodged by scraping. On the sixth day after, she said the sac was filling again, recognizing the fact by the failure of appetite which always accompanied it. March 13th, the tenth day, it discharged. Since then she has had a ravenous appetite, is able to walk with but little fatigue for two or three hours at one time, and is in a good general condition.

The Tendon Reflex in General Paralysis.

In a paper on the above subject, based on the study of eighty-two cases (seventy-one males and eleven females), which was read before the American Neurological Association, at its eleventh annual meeting in New York, June, 1881, by Dr. J. C. Shaw, Medical Superintendent, Kings County Lunatic Asylum, Flatbush, N. Y., and published in the *Archives of Medicine*, for August, the author stated that since the presentation of his first communication on the tendon reflex of the insane, in 1879, at which time he had only examined ten cases, the ideas he then presented, viz: that whenever the tendon reflex was absent we were justified in deciding that sclerosis of the posterior columns existed, and also that a light cortical sclerosis would abolish this reflex, have since been further confirmed.

In some of the cases in which the reflex was found exaggerated, and the cord subsequently examined microscopically, it was found that there was a sclerosis of light character almost everywhere, but most marked in the lateral columns, and the posterior columns near the posterior commissure also had a light sclerosis. From this he has been led to conclude that to abolish the reflex, the sclerosis of the posterior columns must be quite extensive, or there must be a marked cortical sclerosis, and the reflex thus find its point of obstruction in the posterior roots.

The exaggerated reflex is closely connected with two prominent symptoms in the disease. Those cases in which there are marked difficulties in speech, hesitancy, stuttering up to complete inability to speak (not aphasia proper), are the cases in which is always found, sooner or later, exaggerated tendon reflex.

And it is in those patients who have the marked difficulties in speech, and the exaggerated tendon reflex, that we find almost invariably hemi-paretic attacks, and comparatively rarely epileptiform attacks. There is, therefore, a direct connection between these difficulties in speech, the hemi-paretic attacks, and the exaggerated tendon reflex, and this is susceptible of pathological demonstration, and will be the subject of a communication from me at a future time.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——Dr. Chas. S. Dalley, of Rochester, N. Y., has translated and published in pamphlet form, Dr. Ferdinand Cohn's valuable paper on Bacteria, the smallest of living organisms. There is room in this country for the publication of cheap monographs on scientific subjects, and we hope that the Doctor will continue what he has so well begun.

——We have received the announcement of the Wharton School of Finance and Economy, a new department of the University of Pennsylvania, also a paper reprinted from the *Penn Monthly*, for May, by Fairman Rogers, giving the history, plan, and purpose of the establishment of said school. Those interested may obtain further information by addressing Prof. R. E. Thompson, Dean of the Faculty, or Prof. J. G. R. McElroy, its Secretary, at the University.

——Dr. D. W. Prentiss, of Washington, D. C., sends us a pamphlet containing two papers, reprinted from the Philadelphia *Medical Times;* the one giving a full account of a remarkable change in the color of the hair from light blonde to black, in a patient while under treatment by pilocarpin, the case being one of pyelo-nephritis, with unusually prolonged anuria; the other being a report of a case of membranous croup, treated by pilocarpin, in which there was also a slight change in the color of the hair.

——As a contribution to the differential diagnosis of abdominal tumors, Dr. A. F. Erich, of Baltimore, Md., read before the Clinical Society of Maryland, a paper on *Chronic Pelvic Abscess*, giving the history of three cases which had come under his own observation, in two of which fibroid tumor had been diagnosed, in the third ovarian cyst, previous to exploration. The treatment consisted in drawing off the pus, establishing drainage, and flooding the cavity with carbolic water in a continuous stream. Two of the cases recovered. The author also refers to other authors who have recorded similar cases.

——The following reports have also been received:—

Reports of the Board of Managers of the Pennsylvania Hospital to the contributors at their annual meeting, held May 2d, 1881, together with the accounts of the Treasurer and Steward.

Fifty-first Annual Report of the Board of Managers of the Philadelphia Lying-in Charity and Nurse School, being for the year 1880, with a list of officers, contributors, etc.

Sixteenth Annual Report of the Chicago Hospital for Women and Children, corner Paulina and West Adams streets, for the year ending March 7th, 1881.

BOOK NOTICES.

Deaf-mutism, and the Education of Deaf-Mutes by Lip-Reading and Articulation. By Dr. Arthur Hartmann, Berlin. With Nineteen Statistical Tables. Translated and Enlarged by James Patterson Cassels, M. D., Aural Surgeon to, and Lecturer on Aural Surgery at, the Glasgow Hospital and Dispensary for Diseases of the Ear, etc. 12mo, pp. 224. London: Baillière, Tindall & Cox, 1881.

The readers of the Reporter have been already informed of the publication of this important work, as a full list of the contents of the German edition, with a commendatory notice, was published in the June number, 1880. We are glad to have the work of Dr. Hartmann in an English dress, and our thanks are due the industrious and capable translator, for nothing but a true love of his department could have induced him to undertake so thankless a task, and one which will yield so little remuneration, either as a literary product or financially considered.

There has been no elaborate work published on deaf-mutism since that of Weissner (1856), while the work before us brings our knowledge of the subject, with all the most recent original researches and observations, up to the present day. In the first portion of the work the medical questions are chiefly discussed, and Dr. Hartmann, owing to his thorough knowledge of the ear and its diseases, is well qualified to perform this difficult task. In his preface, it is the hope of the author, that by describing the difficulties that have to be contended with, and the results which may be achieved by suitable medical advice and instruction, he should be able to awaken a more general interest in the education of the deaf and dumb; their present state being by no means equal to their requirements. For even in Germany, the number of those who pass their life without having received a suitable education is very considerable. The same may be said of our own State, Pennsylvania; we require more schools, both in the middle and western parts, as many children, owing to the want of means and no school facilities, are permitted to grow up in ignorance, in this age

and in this enlightened community. We have dwelt upon this subject, and have endeavored in our various publications to awaken an interest in the medical profession to the wants of these neglected deaf mutes both of our own State and the whole United States.

Chapters I and II are chiefly devoted to a definition of deaf-mutism in general, and special peculiarities of the deaf-mutes. Our author has made a very careful study of the inner life of the deaf-mute, and we fully agree with him when he states: "The feeling of weakness and dependence upon his fellow man, which is inherent in the deaf-mute, on account of his infirmity, makes him very modest in his manner; he is exceedingly grateful for every service rendered, and requites all favors shown him with an affectionate attachment." On the other hand, "it cannot, indeed, be disputed that there are also deaf-mutes whose character, leave much to be desired; but if shortcomings occur, they can always be traced back to a defective education," (p. 12). "It was found that those born deaf, as well as those who had become deaf, generally showed an equally good capacity, only among the latter it could be ascertained in a striking manner; that above one-half of those who had become deaf in consequence of cerebral diseases showed only a moderate or slight capacity." It is, therefore, the first principle in the tuition of the deaf and dumb that the deaf-mute should not only commit the subject to memory, but understand and comprehend it correctly before a new subject is taken in hand (p. 16).

While in the blind, the senses of hearing and of touch are especially developed, in the deaf it is principally the eye which, by a gift of keen observation, may sometimes compensate for the loss of hearing. Our author relates a number of such instances, and reports a case that happened to a professor of physiology, who, while visiting an institution for the instruction of deaf-mutes, was conducted through it by a female teacher without noticing during the conversation that she was a deaf-mute. A case somewhat similar occurred to Dr. Küssmaul, a patient, a young bookbinder, whom he conversed with in the hospital, and on taking down the history, learned to his astonishment, that he had before him an instructed deaf mute. Then he paid more particular attention, and found that he read all words quickly and surely from the Doctor's mouth, and that the only difference from an ordinary hearing individual was that his speech was hard, *i. e.*, that it had no musical sound, and no modulation. Several interesting cases are related, where deaf-mutes have been able to understand speech by means of the sense of touch, by placing the hand upon the cheek, another case upon the mouth, on repeating words against the back of the hand, and the other into the hollow of the two hands placed side by side upon the back. "If the deaf-mute understands a word which is spoken against a portion of the surface of his skin, he can only accomplish it by perceiving the several currents of air which are produced during speech, in varying succession and strength, and by being able to guess the word from them."

Chapter III is devoted to the recognition of deaf-mutism at the earliest period, which is stated to be noticeable at from the fourth to the sixth month. The relation of deaf-mutism to idiocy and aphasia is also discussed. Cases are described of pretended deaf-mutism, and various means for discovering simulated deaf mutism as the firing of a pistol, the use of opium to produce sleep, intoxication, the dropping a silver coin behind the back, etc., but no mention is made of a most efficient means employed in this country, namely, the use of anæsthetics. The physical and mental peculiarities of the idiotic mute are dwelt upon.

Chapter IV takes up the statistics of deaf-mutism, and the various systems for collecting special statistics, with forms of inquiry sheets. In the first table there are thirty seven inquiries. In the one adopted by the teachers of the deaf-mutes at the International Congress, in Paris, 1878, there were only seventeen. The Cologne inquiry sheet is simplified, and has twenty one questions. The number and mode as pursued in our own recent census reports of the United States, we have not been able to find out, although we have made several efforts to obtain them, but without success. Chapters V and VI gives the results of the general statistics as to sex occurrence among the different religious persuasions. All statistics agree that deaf-mutism is most frequently met with among the Jewish race. Then the results of special statistics regarding congenital and acquired deaf-mutism are dwelt upon, giving the age, causes, etc. Chapter VIII, the hearing power of deaf-mutes. Dr. Hartman examines the power of hearing by an ordinary dinner bell and large tuning fork, and records them under the following heads: 1. Totally deaf; 2. With hearing for the bell—hearing for sounds; 3. With hearing for vowel sounds; 3. With hearing for words. Chapter IX, the anatomical changes, as given in table 14, upon which deaf-mutism is based; but our author states that the changes in deaf-mutes is

unfortunately still too slight for general conclusions to be drawn regarding the pathological processes upon which deaf-mutism is based. We possess no post-mortem records of deaf-mutes who were the offspring of consanguineous marriages. Medical gentlemen who have official positions in deaf-mute institutions are bound in honor to do away with this great defect, and should make careful post-mortem examination, so as to prove or disprove the observation of Luys, viz., atrophy of the internal convolution of the posterior cerebral lobe. As the seat of the hearing function is in the cortex of the brain, in the temporal lobes, this region should be carefully examined. We now come to the most important chapter to the medical man—the curability of deaf-mutism. The infirmity of the deaf-mutes, or what is termed dumbness, can be removed by proper instruction. Means should and can be employed by which to arrest the development of hardness of hearing, or deafness. Von Trölsch and other eminent otologists believe that one fifth of the children can be improved by timely and energetic treatment, and should not become deaf mutes.

"Although great progress has been made during recent years in otology—a progress which compares well with that made in other branches—this specialty has not hitherto been accorded that position which is its due, either as regards its study or the compulsory examination of medical students. It is most desirable that students should be afforded the opportunity of studying otology, and that they should be compelled to prove at their (final) or government examination that they are, at least, familiar with the examination of the ear, and with the simplest methods of treatment. It can hardly be doubted that by this means the occurrence of many cases of deaf-mutism would be prevented." "But the duty of a medical man in an institution for the instruction of the deaf mute consists not only in treating now and then a few isolated cases; he must besides, ascertain the cause of the defect. The statements of parents, and how the deafness has been produced by this or that illness, are not sufficient." These are judicious counsels, and we trust they will be acted upon by those in charge of such cases. We have given forth the same ideas and published them in a recent work, showing we are in full accord with our author. The latter portion of the work is devoted to the subject of instruction of the deaf mute, with the numerous valuable statistical tables which will repay careful study.

In concluding our review of this work, we would state that our author has given the medical man and the instructor of the deaf mute, a most reliable guide, and one which is a credit to his reputation as an otologist, and the translator has done his work well, with the exception of a few words here and there which mar the elegance of the language, and a few typographical errors. L. T.

Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners. By Henry Hartshorne, A.M., M.D., lately Professor of Hygiene in the University of Pennsylvania, and Professor of Hygiene and Diseases of Children in the Woman's Medical College of Pennsylvania. Fifth edition, thoroughly revised and improved, with one hundred and forty illustrations. Philadelphia: Henry C. Lea's Sons & Co. 1881. Cloth, 8vo, pp. 669. Price $2.75.

At the present period of unprecedented activity in medical research, when hundreds of indefatigable workers are assiduously pushing their investigations into the origin and causes of diseases; when our methods of diagnosis are rapidly multiplying, and our therapeutical resources constantly increasing by the addition of new remedies to our materia medica, as well as by new applications of old ones; a work which embodies within the briefest space possible all the principles by which a practitioner should be governed in his treatment of disease, cannot but prove of inestimable value both to the student and physician. Fourteen years have elapsed since the publication of the first edition of Hartshorne's "Essentials," and still it remains the best book of its kind ever published. During the first seven years of its existence it passed through four successive editions, each thoroughly revised. To this, the fifth edition, numerous additions have been made, in the preparation of which the most recent contributions to medical literature have been consulted. Among the most important additions are those connected with the pathology of the nervous system and a section upon eyesight, its examination and correction, including color-blindness. The illustrations have been added to, and a number of new and carefully-selected formulæ have been introduced. An account is also given of the method of prescribing, according to the metrical system, with examples of metrical prescriptions, as well as a table of doses according to both systems; but throughout the work, and in the long list of formulæ appended, the author has, we think wisely, adhered to the old and familiar system of weights and measures.

THE

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POSITION OF HERAPEUTICS IN MEDICINE.

In reviewing the labors of the International Medical Congress, we adverted to the small amount of attention paid to what, after all, is the real business of the doctor—the treatment of disease. This seems to have been regarded as a very low view to take of that august assemblage, by one of our western brethren—him of the Cincinnati *Clinic*—who asks whether we wanted papers stuffed with prescriptions, and so on.

We are, however, by no means alone in making the criticism referred to. The cause for it lies so much on the surface, that we take no credit for originating it. The *Lancet* also felt called upon to comment in a similar vein, and as we are intimately convinced that its criticism is timely, and touches on a point needing reformation in modern medicine, we quote its words:—

One of the striking features of the work done at the last meeting of the Congress was the notable preponderance of attention bestowed on pathology and the clinical aspects of disease as compared with therapy. The contributions to a scientific knowledge of bodily and mental affections were many and of great value, but they nearly all tended to throw light on disease and to make its course and causes clearer, without in any sensible degree enhancing the probabilities, or increasing the stock of remedies or methods of cure. This is to be regretted; but it marks the stage of progress in science, and is in strict accord with the fashion of the hour and the prevailing habits of thought among physicians. Hereafter there may dawn on the profession a day in which therapeutics shall engage the largest share of its attention; but at present it is preoccupied with the study of disease and the exploration of the mysteries of the morbid state. Perhaps it would be better if there were less skepticism in medicine, at least such unbelief as consists in a growing lack of faith in drugs. It is not pleasant to hear of physicians leaving everything to Nature, as regards recovery, and concentrating their powers of scientific observation and research almost exclusively on the development of disease, rather than on its arrest by active treatment and powerful remedies. It is becoming too much the custom to stand by while *vis medicatrix naturæ*—whatever that may be—struggles with the disease. Granted that the meddlesome art of a century, or even half a century ago did more harm than good, that is no sufficient reason why we should abandon the hope of beneficial treatment, and content ourselves by sagely looking on. The neglect of therapy is a sin of omission which ought to be discountenaced and forsaken in the interests of the great art of which it is the pivot and the purpose.

These are sound and strong words, and deserve to be taken home by most investigators of today. It is simply discreditable to see and hear the therapeutics taught and practiced in some foreign hospitals, especially in Germany. It is a result of the nihilism of Skoda, and the dominant attention to diagnosis and pathological anatomy, which of late years has reigned supreme in that country. This was long the case in France also, but at present is less so than formerly. It is gratifying to note that such a sterling journal as the *Bulletin de Thérapeutique* recently celebrated its semi-centenial. The first number was published by Dr. MIQUEL, July 15, 1831, and although the attempt seemed then a bold one, it was at once crowned with success. In the struggle which followed the fall of the doctrines of BROUSSAIS, pathological anatomy reigned supreme, and it became necessary to affirm that the great end of medicine was the cure of diseases. This was what MIQUEL did by founding a journal exclusively devoted to therapeutics, in which might be received, accumulated, and coördinated, all the facts bearing upon the treatment of

medical and surgical diseases, enabling them by this publicity to be submitted to renewed investigations. Dr. MIQUEL dying sixteen years afterward, his work was successfully carried on by DEBOUT, BRICHETEAU, GAUCHET, DOLBEAU, and the present editors, who exclaim, "It is not without a deep sense of pride that we contemplate this unique collection of a hundred volumes, wherein are found all the facts observed relating to medical and surgical therapeutics during fifty years, whether in France or abroad, accumulated under such different directors, without their ever departing for an instant from the line of probity and honor traced by the founder."

The *Bulletin* has always aimed to present practical, positive therapeutics, not an anxiety to run after every new drug and alleged cure which came into the market, but the real and well ascertained progress of the healing art. Its pages are not stuffed with prescriptions—though it does not make a merit of excluding them, as many contemporary writers do—but it concerns itself with the practical business of the physician in preference to publishing ingenious and generally erroneous theories.

Was there a fair proportion of such articles read before the International Congress? There was not, and we do not hesitate to say that it depreciates from its credit that this deficiency is manifest. It indicates that the science of medicine has not yet reached the period of utility and service to man, which is its ideal condition; and the hesitancy to recognize this on the part of some, is even a more regretable symptom of the same incompleteness.

NOTES AND COMMENTS.

Recovery after Fracture of the Base of the Skull.

An interesting case is reported in the St. Louis *Courier of Medicine*, for August, 1881, by Dr. H. S. Chubbuck, of Elmira, N. Y. A boy aged 4 years and 2 months, was thrown from a high seated wagon, about 9.30 A.M., Aug. 11th, 1880, while the horses were rounding a corner at full speed, striking upon the upper part of the left temporal region. He was unconscious until about noon, when he opened his eyes and seemed to know his friends. He vomited several times. He was first seen by the Doctor at 3.45 P.M., when the blood was flowing profusely from the left ear; pulse small, not counted, probably about one hundred; pupils contracted. The next day he was delirious; hemorrhage from the ear lessened, and finally ceased towards evening.

August 13th, the following day, a colorless discharge appeared; bowels freely opened. The next three or four days showed little change. The little patient was restless and seemed comatose; pulse 106 to 120 per minute; respirations 30 to 36; pupils normal; temperature about normal. The discharge from the ear ceased the evening of August 14th. On August 16th he was rational when roused: pupils normal; pulse 90; temperature 97.6°; respirations 30; sleeps most of the time. The next day he became rational and called for food. Temperature was sometimes a little elevated, but usually normal. By the 21st he was looking better, sleeping quietly, and a good deal, and lay with eyes closed when awake; took milk freely, but no solid food; pulse from 90 to 120. For the next few days there was little change except that he grew weaker. Head had been somewhat drawn back. On September 3d he became again somewhat delirious. He gradually grew worse, so that on September 5th he was more feeble; appetite gone; pupils dilated; temperature higher; pulse 140; respirations 40. The rise of temperature was temporary, returning to normal in a day or two. He remained practically unchanged until September 9th, when all the symptoms were improved, but the mental condition was quite unsatisfactory; pulse 102; respirations 28; temperature 98°. He grew weaker, so that the pulse could hardly be counted; yet it was slow, being only 90. Head was still retracted; at one time pulse fell to 76, and respirations to 20. By the 22d a slight improvement was noticed. Thence his improvement was slow but sure, so that on October 1st the record is "all symptoms improving, and he bids fair to recover; he sleeps and eats well; pulse 86; respirations 30." Two days later he ate in the dining room with the family. Ten days later he was apparently well, yet rather weak. There is no paralysis of the facial nerve, but a partial deafness of the left ear.

Skepticism in Medicine.

Skepticism in Modern Medicine was the text of Dr. Maurice Raynaud's address to the International Congress. One of his paragraphs is so impressive that we transcribe it:—

"The true and most powerful cause of skepti-

cism, that which has in all times, ancient and modern, made so many skeptics among us, is that medicine, at the same time that it is a science, is also a profession. We do not complain of this, which is one of its glories—the highest, perhaps; for by it is given satisfaction to all that is most generous and most elevated in the human heart, the desire to come to the aid of those who suffer. But it is an onerous glory. The profession outweighs the science; and the latter, whatever it may do, will always fall far short of the exactions of the former. Men, for the most part, care little for the progress of science; but when they are ill they wish to be cured, and that is why they come to us. Now, for every practitioner having a consciousness of the dignity of his art, there is a painful feeling due to his powerlessness in the presence of so many ills. What a contrast is there between the immensity of the services which are expected of us, and those which we are really able to render! How are we to justify the excess of confidence of so many patients? We must, in spite of all, act and strive. Science is incomplete, as it always will be. No matter; we must do our best. This, we must admit, is a pernicious habitude for the scientific mind to acquire. By it we accustom ourselves to act by chance, in the dark, or we fall into illusions as to what we know and what we are ignorant of. In face of this alternative, certain absolute minds, little disposed to temporizing, fall back upon doubt and inaction, consoling themselves with this argument—that to be ignorant is to be powerless."

Organic Life on Meteorites.

The *Popular Science Monthly* states, that in meteoric stones, and especially in the class called chrondrites, on account of the peculiar spherical inclosures found in them, the eminent German geologist, Dr. Hahn, has recently discovered an entire series of organic remains. By a laborious process of grinding down and polishing these fragments, he succeeded in producing a large number of thin laminæ or delicate stone shavings, which he subjected to a careful series of investigations under the most powerful microscopes. He has recently published a book on this subject, containing on thirty-two plates more than one hundred representations of these laminæ of meteorites, every one of which contains different forms and figures, which Dr. Hahn positively identifies, *not as mineralogical* but as *organic*, and, in fact, *as zoölogical formations* belonging to the different classes of *sponges*, *corals*, and *crinoids*. These pictures, which have been reproduced from the original laminæ by photography, without any alterations or additions by a draughtsman, must cause great surprise to every geologist and paleontologist, who will at once recognize the structure of well-known coral types on several of the plates. The majority of the meteorites containing these forms are part of the celebrated great meteoric fall of Knyahinya in Hungary, which took place on the 9th of June, 1866.

Congenital Luxations of the Femur.

Dr. Pravaz, in the *Lyon Médical*, for July, 1881, quoted in the Glasgow *Medical Journal*, discusses this interesting question from a hitherto neglected standpoint. During six years, from 1863 to 1878 inclusive, he recorded a hundred and twenty-five cases of congenital luxations of the femur. Of this number he noted, in a hundred and seven, the sex of the subject, the simplicity or complexity of the affection, and the side of the luxation. He states the results as follows:—

	Double.	Right.	Left.	Total.
Male,	7	1	3	11
Female,	44	28	24	96
	51	29	27	107

From this it will be seen that the female sex offers an enormous proportion compared to the male; that the luxations of the one side do not markedly preponderate over those of the other; and lastly, that the number of double luxations is equal to the unilateral.

He concludes that these luxations are due to many causes, and is of opinion that it is to the comparative shallowness of the acetabulum in the female sex that the greater liability to displacement of the femur in females is due.

Removal of the Uterus for Cancer.

The *Presse Médicale Belge*, of September 18th, has an article strongly deprecatory of the present mania for the performance of this operation, leading to its being undertaken when the diagnosis is uncertain, and the probability of ultimate cure hopeless. The writer furnishes references to eighty-one cases, with their results, which have been performed since Freund's typical operation in 1878. Of these cases, fifty-eight are recorded as fatal, to say nothing of unfinished operations and relapses. "In the presence of such results, is not our opposition to so grave an operation for uterine cancer amply justified? Two objections will be taken. It

will be said, 'But there are some cures.' If we accept as definitive cures temporary recoveries, this may be so; but even here, who will answer for it that it was really cancer for which the operation was performed? If we require more than mere affirmation, we can only accept with doubt this word 'cure,' with its numerous reticences. Secondly, it may be affirmed that in many cases the patients have not died from the consequences of the operation. We reply that diseases coexisting with cancer of the uterus were evidently a contraindication to the operation, and a reason the more for not resorting to it."

Hypodermic Injections of Fowler's Solution in the Treatment of Chorea.

This method of treatment has proved very efficacious in the hands of Dr. Edward C. Mann, of New York, who, in the July number of the *Alienist and Neurologist*, publishes an article on the nature, pathology and treatment of this affection. In order to avoid any local irritation he uses a mixture of equal parts of Fowler's solution and water. Very rapid improvement generally takes place under this treatment from the first, and the patients gain flesh. He commences with three minims, and injects, subcutaneously, for a week, every other day, and on the second week increases the dose to five minims every other day, increasing two minims each week, and in from one to two months a cure is obtained. In recent cases a month or six weeks will generally suffice, while in old cases sixty or seventy days may elapse before a cure is accomplished. In troublesome cases he also uses, as adjuvants, ether spray or ice bags to the spine, and electricity. By this method of using Fowler's solution the gastric disturbances which are produced when the medicine is given by the stomach are avoided, and the good effects which we can obtain are very much more rapid.

Steam Fans in a Hospital.

In a large hospital at Madras, fans (punkhas) are operated by steam. The machinery, says the *Scientific American*, is simple, the hundred fans presenting an area of 2050 square feet, being swung by a line of steel wire about 1700 feet in length. The fans swing together with a steady sweep of seven or eight feet, and work smoothly and silently. It would be a great blessing if similar apparatus, together with other means for refrigeration which are in common use throughout India, were introduced into our hospitals and made use of during the hot season. The expense would be trifling compared with the comfort to the patients and probable saving of life.

New Treatment for Vaginitis.

M. Terrillon proposes a method of treatment which consists essentially in the introduction into the vagina of the following ointment:—

R.	Ac. tannic,	50 grams.
	Amyli,	150 grams.
	Ung. petrolei,	150 grams. M.

This ointment is placed in a sort of speculum, so arranged that the ointment can be forced out as the instrument is withdrawn from the vagina. If the vulvar opening is large a small tampon of cotton may be introduced.

Generally from fifteen to twenty grams of the unguent is sufficient at one application, and it need not be repeated for seven or eight days.

Treatment of Cystinuria.

Cantani, in a work on the pathology and treatment of disorders of secretion, published in Berlin, claims to have demonstrated the possibility of curing cystinuria by regulation of diet, on the same principle as in diabetes, oxaluria, uric acid diathesis, gout, rickets, etc. He recommends exclusively albuminous diet, with green vegetables, and aerated waters to prevent formation of calculi, and the use of balsams and resins to relieve the usual catarrhal condition of the urinary passages. He permanently cured a case by ten days' treatment with animal diet, prohibition of milk, farinaceous food, fruits and sweets, with abundant water, alkalies, and oil of turpentine.

Chlorate of Potash in Benign Epithelioma of the Face.

Dr. Lèvêque, in a thesis, quoted in the Glasgow *Medical Journal*, gives the following description of "benign" epithelioma:—It is a slight local affection, appearing usually in patients of advanced age; of glandular (sudoriparous) or papillary origin; it is first noticed as a tubercle or wart, surrounded by a fibroid or fibrous membrane, in which it lies encysted. At the end of a variable period, lasting from two to thirty years, it presents a depressed or excavated ulceration, which exposes the whole lesion. There is no glandular enlargement, at least for many years.

The radical cure is possible during the whole period of encystment; but when the epithelial proliferation, passing beyond the fibrous barrier which enclosed it, invades the skin, the case takes on a graver aspect, and the chlorate of

potash must give place to the knife. The treatment of benign epithelioma may be managed in the following way: The ulcerated part must be touched as frequently as possible with a ten per cent. solution of chlorate of potash in glycerine, and covered with lint smeared with simple ointment. Treatment may last three months, but improvement is manifest at the end of two weeks. If at the end of three weeks there be no marked amelioration, the knife must be resorted to.

Special Reports.

NO. XVIII.—TUBERCULOSIS.

(*Concluded from p. 502.*)

COUNTER-IRRITATION IN TUBERCULOSIS.

This therapeutical measure, Professor Peter (*Le Concours Med.*) thinks, is not sufficiently relied upon, and he gives a series of directions on the subject.

If the patient is still in fairly good health he may be cupped, or leeches may even be applied to the thorax over those points where signs of pulmonary congestion are perceptible. In those cases in which the patient is weak, dry cupping, mustard plasters, or flying blisters may be ordered, while the apices are painted with tincture of iodine. Croton oil, thapsia, antimoniated plasters, and Burgundy pitch should always be avoided, as they leave indelible stains. If the lesions are more deeply seated, an oval blister should be made by Vienna caustic, applied over the second or third intercostal space, one or two centimeters from the free edge of the sternum. When the patient does not object to its use, a second may be applied before the previous one has healed, in order to keep up the counter irritation. Lastly, a useful form of cauterization is that obtained by the use of a triangle of red-hot needles applied very superficially. This application should be repeated every five days beneath one or other clavicle, the needles numbering twenty to thirty.

OLEAGINOUS REMEDIES.

Among the various oils that have been tried, that from the cod-liver still stands prëeminent. In young children and some patients of adult age it is not free from objections, many practitioners agreeing with a recent conclusion of the Conseil d'Hygiène du Département de la Seine: "The ingestion by young infants of different substances, and especially of cod-liver oil, may induce dangerous diarrhœa." In support of this proposal, Dr. Ricklin calls attention (*Gaz. Méd.*, June 11th), to the aid that may be derived from physiology in explaining many of the deaths of young infants, and in this case by showing the impropriety of administering any fatty substances at this early age.

Iodized Cod liver Oil.—It has been found that the addition of iodoform and essence of aniseed will mask the unpleasant odor of cod-liver oil. M. Fonssagrives (*Arch. Méd. Belges*, January, 1881), uses the following mixture: one hundred grams of cod-liver oil to one-fourth of a gram of iodoform; to this twenty-five drops of essential oil of aniseed are added. In this simple way the taste and odor of the oil are masked. Moreover, the iodoform is generally a serviceable adjuvant in cases where the oil is indicated.

Oolachan Oil.—Not long ago, dugong oil was introduced as a rival to cod-liver oil, and now a new claimant has appeared under the name of 'oolachan oil' (*Pharm. Jour.*, April 30th, 1881). At ordinary temperatures it appears to have a consistence between that of dugong and cod-liver oils, and a taste that is perhaps slightly more agreeable than either. The oolachan fish is about the size of a herring, and is met with on the coast of British Columbia and Vancouver's Island. It is so full of oil as to be known as the candle fish, for, when dried, it can be used as a torch.

Chaulmoogra Oil.—Dr. Murrell (*Brit. Med. Jour.*, November, 1880, p. 844), has used the chaulmoogra oil in fifty-nine cases of phthisis. In thirty-one cases, three drops were given three or four times a day, in milk, the dose being gradually increased, week by week, to as much as could be borne. Ten minims was about the limit. Twenty-four of the cases improved under treatment. In twenty-three cases, the oil was used by inunction, two to four ounces being rubbed into the chest weekly; this plan yielded the best results.

Linseed Oil has been recommended by Dr. Blackerly (*Therapeutic Gazette*, April, 1881).

THE DIARRHŒA OF PHTHISIS.

The pathology and treatment of this complication has been carefully set forth by Dr. C. Theodore Williams in the *Lancet*, June 18, 1881. The most fatal form of it is that from tubercular ulceration of the intestines:—

The pathology of tubercular ulceration requires a large number of specimens to display its exact course, most autopsies only showing the last destructive stages.

Ulcers are to be found occasionally in nearly the whole intestinal tract below the duodenum, but they are so extensive and involve so great an amount of the mucous membrane of the large intestine as often to give it an entirely worm-eaten appearance, and in many instances the large intestine of a case of phthisical diarrhœa cannot be distinguished from that of tropical dysentery.

Death from this cause usually arises from perforation of the intestine and consequent hemor-

rhage or peritonitis. Dr. WILLIAMS' recommendations for the treatment of this dangerous complication have already been given in this Journal. (See MEDICAL AND SURGICAL REPORTER, vol. xlv, p. 127.)

The treatment of the diarrhœa as practiced by Dr. HEUBNER (*Ærztl. Verbl*, Mai, 1881) is to give the *oxide of zinc* in large doses, forty-five to sixty grains daily, the albuminate of tannin (tannic acid in water containing the white of egg) and the continued use of hypodermic injections of morphia.

TREATMENT OF HÆMOPTYSIS.

In the University clinic, at Charkow, it has been found that the tincture of the seeds of *Carduus Mariæ* has the best effect in spitting of blood. It has been used for more than a year and a half, and has succeeded in many cases where ordinary remedies failed. The dose is from 40 drops to a teaspoonful, repeated several times (*Allg. Med. Cent. Zeit*, July 9, 1881).

Dr. TAACKE, of Berlin (*Berl. Klin. Wochen.*, No. 6, 1881), having injected sulphate of atropia subcutaneously for eczema in a female patient ($\frac{1}{200}$ grain twice daily in distilled water for two days) noted that the menses, which had been very profuse, became moderate, and remained so. The same result he has seen follow five times in two other patients, and in a case of hemorrhage from the lungs the hemorrhage twice ceased immediately on the injection.

TREATMENT OF NIGHT SWEATS.

HEUBNER (*ubi supra*) recommends the following:—

℞. Acidi salicyl., gr. xv
Amyli, gr. xxx
Talci, ad ʒj. M.

SIG.—To be powdered on the skin or lightly rubbed in.

Several writers in the recent English journals unite in the opinion that probably the best remedy for profuse night-sweating is *picrotoxine*, the alkaloid of cocculus indicus. The dose is one-sixtieth of a grain, and it should be made into small pills, one to be taken at bedtime, and another in the early morning. A full account of picrotoxine and its properties will be found in the *British Medical Journal*, January 17th, 1880.

THE COUGH OF PHTHISIS.

In a paper read before the Medical Society of London, last winter, Dr. T. LAUDER BRUNTON said that the cough may be excited by direct or reflex irritation of any branch of the vagus, and treatment consists in allaying or removing this irritation. Glutinous and saccharine substances in the mouth are well known agents, acting, probably, by soothing irritation existing at the root of the tongue and around the fauces; and, therefore, these factors being removed, the irritation of parts deeper than those affected by the remedies is lessened. The remedies themselves shield the irritated mucous membrane, or excite a flow of saliva and mucus, or possibly possess other remedial powers of which we are at present ignorant. A linctus, containing morphia or opium, has a distinctly sedative action on the peripheral nerves. In laryngeal phthisis, the cough is best treated by blowing through a glass tube, at the moment of inspiration, the following:

℞. Morphia sulphatis, gr. $\frac{1}{6}$
Amyli pulv., gr. ij.

Opium by the stomach is effective, but is apt to disturb digestion. A combination not so apt to do this is—

℞. Sol. morph. mur.,
Acid hydrocyan. dilute, āā, ♏xviij
Spir. chloroformi,
Acid nitric dilute, āā ʒj
Glycerinæ, ʒiij
Infus. cascarillæ, ʒij. M.

A sixth part to be taken three or four times a day.

He further observes, that to diminish congestion, *potash* has a marked effect. This is well seen in a lung suffering from consolidation and softening over a limited area. In ordinary health, crepitant *râles* will be heard limited to one spot. Should the patient catch cold, dry *râles*, extending for some distance round the irritated spot, will be heard, and the cough becomes troublesome, with very little expectoration. If potash be now given, especially the citrate, in a day or two the dry are replaced by moist *râles*, and the expectoration becomes freer, the cough at the same time subsiding. Now is the time to substitute for the potash another agent having a marked influence on the lungs, viz., *nitric acid*. If it be given too soon, the cough will again become harsh and dry; but, if the correct moment be chosen, then the cough yields and the expectoration diminishes. Potash, then, has a very marked influence in rendering the pulmonary secretion more fluid and abundant, while nitric acid has an opposite effect. A most powerful expectorant is a little warm food; and the comfort derived by chronic bronchitic patients from a cup of warm milk and a little biscuit or bread a quarter of an hour before rising, is most marked.

A writer in the London *Medical Record*, June 15th, 1881, says that for the slight cough, which

often remains for years after consumption is practically cured, the following receipt will be found useful:—

Linseed Jelly.—Half a pound of linseed (the brown seed) to three pints of cold water. Let it simmer (not boil) for two hours, then strain, or rather squeeze through muslin. When cold it will be in a jelly mass; sweeten and flavor to taste. A breakfast-cup of the jelly once a day, or oftener if necessary, with the juice of one lemon in it.

M. Ordylowski (*Gazette des Hôpitaux*) draws attention to the value of chloral in the cough of phthisis. His observations included fifteen cases, of which only two did not have cavities. The drug was given in capsules, in doses of fifteen to thirty grains at bedtime; and the patients then drank a glass of water. No bad symptom was noticed in any of the cases. The sleep was peaceable, the physical symptoms were less distressing in the morning, and the patients felt better and stronger, and never complained of headache. Whenever the chloral was discontinued the cough and insomnia reappeared.

Correspondence.

The Physician as a Dispenser.

Ed. Med. and Surg. Reporter:—

[After stating that the various plans suggested to unite the interests of physicians and pharmacists had not succeeded very well, the writer recommends physicians to dispense their own drugs, and describes the method he himself pursues in the following words:]

In the first place, the physician does not, in general, need a large variety or supply of medicines. The confession of the older physicians will be found to be, that the longer a practitioner is in practice, the fewer medicines will he find it necessary to use. The young physician is apt to view the Materia Medica in the light that he must use every drug it contains. But a few drugs, skillfully and properly given, is a plan both wise and fraught with success.

Again, large doses of medicine are fast giving way to smaller doses, given more frequently. Thus we have had within the past few years a wonderful change in the matter of calomel. Formerly ten grains was considered a fair and necessary dose for an adult. Now we get a better effect from one-third or one-half a grain, given with sodium bicarbonate, repeated every hour until about three grains are taken. Other and numerous examples could be furnished; but this will suffice to explain and illustrate the principle.

Bearing these facts in mind, the writer found it practicable, when he began practicing, to carry in a satchel a great number of the medicines needed in the treatment of the general run of diseases. A "pocket-case" was procured, containing a number of two-drachm tincture and three-drachm powder bottles. In the tincture bottles were placed such tinctures as those of digitalis, nux vomica, aconite, veratrum viride, opium, catechu, kino, krameria, rhubarb, paregoric, etc.; in the others, were placed a mixture for dysentery, etc., aromatic spirits of ammonia, fluid extract of ergot, fluid extract of rhubarb and senna, etc. The powder bottles were filled with pepsin, bismuth, Dover's powder, ingluvin, podophyllin, potassium citrate, potassium bromide, potassium iodide, ammonium chloride, cinchonia sulphate, the powdered solid extracts, such as of gentian and other drugs.

With these it was found possible to treat the greater number of complaints with which the writer came in contact. Thus, if called to see a patient having a fever, the plan was to ask for two tumblers, one with, and the other without water, and a spoon. Measuring so many spoonfuls of water into the empty tumbler, it was easy to calculate the quantity of medicine necessary to place in the water that each teaspoonful should contain the required dose. Then putting in the tumbler the proper amount of tincture of digitalis, or tincture of veratrum viride, or tincture of aconite, with or without potassium bromide, potassium citrate, tincture of opium or paregoric, as the case may need, a fever mixture resulted at a cost of about two pennies. A card, with the directions written plainly thereon, laid alongside the tumbler, upon which a book should be laid, finished the pharmaceutical work—the whole occupying but a short while to accomplish, and requiring the expenditure of very little effort. If the needed medicines are not at hand, a messenger dispatched to the office at a certain hour will secure them.

This plan has been found to work admirably. Patients found it novel, indeed, but they liked it, and gave the writer more patronage than he otherwise could have secured. They got their full dose of medicine, and at a cost of a few cents.

But it was soon found that something larger and more convenient was needed than the "pocket case." It was necessary to carry other medicines than those mentioned, such as Monsel's solution and powder, sugar, the syrup and powder of ipecac, powdered alum, cubebs, etc. A satchel was therefore procured, and in this it has been found convenient and possible to carry nearly every medicine that is needed in practice. The best form of satchel is that adopted by the homœopath, in which the bottles are fastened on leaves, and are thus not likely to spill their contents.

In this manner, the writer carries nearly all his medicines, and in sufficient quantities, that he requires in his practice. Concentrated forms are used in all cases where possible, and a great preference is shown for powdered solid extracts, resinoids and active principles. Rubbed up with a certain amount of sugar of milk, or, with what answers just as well and is far cheaper, pulverized sugar, these powders are in a very pleasant and effective condition for administration. In this way iron, either the subcarbonate or the reduced, nux vomica, potassium bromide and iodide, arsenic, strychnia, and others, are constantly prescribed. The trituration should be thorough, and the proportions carefully made.

It is rare, indeed, that the writer is obliged to give a prescription. If he does, he orders that it shall be taken to his office to be filled. Where practicable, the crude drugs are purchased, and the various preparations made from these. Very little time is absolutely required in their manufacture. The cost is slight, for drugs can be procured at the same prices as paid by the pharmacists; though some difficulty was experienced at first in finding a wholesale house who would sell to physicians at reasonable rates. A house has been found, however, who furnishes first-class goods at wholesale rates.

The limits of this article will not permit any more minutia in this respect. Many ideas suggest themselves. Some have been mentioned in papers or published by others elsewhere. But mention must be made as to the office of the physician desiring to carry and furnish his own medicines. The office can be furnished with all the appliances of the druggist, such as scales, weights, mortars, funnels, bottles, corks, printed labels, mucilage for the latter, string, prescription file, powder papers, and envelopes, pill boxes, ointment boxes or jars, and the other requisites of a drug shop. Very little time is consumed in putting up medicines. Shelves, or an old bookcase, placed in one corner of a room, will answer for furniture. Professional dignity and knowledge are not lowered in the least, but, on the contrary, they are raised and increased. The patient places more reliance upon the physician, and the latter is confident of the strength and quality of his medicines.

The plan is worthy of adoption by every physician, as in it we have a remedy for the evils from which physicians suffer at the hands of pharmacists. The Medico legal Society favors it, and its speedy adoption among many of the younger physicians just graduated, and by many who have been in practice for years, is a matter of certainty.

The Medico-legal Society desired, before broaching any such plan, to try that of a mutual agreement between themselves and pharmacists, but the effort failed, though the Society worked in good faith and with good intention. Their zeal was in a good direction, but, unfortunately, ended in signal failure.

It is urged upon physicians to take a thorough view of the field, to study the forces they have to contend with, and adopt such a corrective as will put the medical profession upon a more certain basis. Let them send no prescriptions to the druggist who sells patent medicines, and prescribes over his counter. It *is* the business of the doctor, as to where the patient procures his medicines. He *is concerned* in having medicines properly put up, and by a man conducting his business legitimately.

By carrying his own medicines, the physician will do much to break down the evil which is fast crippling his profession. But, let every physician be sure that he is correct himself in all respects. The confession is made that the medical profession has, in some things, given cause for criticism. The writer knows of a physician who, upon entering the store of a certain druggist dubs the latter *Doctor*. There is something *sweet* in this, and it suggests that the M.D. is after customers. But let the bad practices of physicians be corrected, and those of a better order instituted, and there will then indeed be a healthy reform accomplished.

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Cauliflower Excrescence; Ligation; Recovery.

Ed. Med. and Surg. Reporter:—

The history of the following case seems to me worth reporting for your readers, who may have to contend with this formidable disease:—

March 12th, 18—, I was consulted by Mr. T. about his wife, who became pregnant about the middle of the previous August, and lost more or less blood ever since, and her suffering was now so great that she must die unless she received immediate relief. The case being nine miles from my office, and apprehending placenta prævia, I requested that his family physician, who lived within a half mile of the place, give close attention to the case with me.

March 13th I met Dr. D. at the house of our patient, who was aged 36 years; mother of six children; married eighteen years; healthy until after her last confinement, since which time she suffered from weakness in her back, and since Sept. 15th, a bloody discharge from vagina, which, from the beginning was highly offensive, and varied in color, from an ash and yellow to a real bloody hue. This discharge was always more or less sanguinous. During the last month her pain and suffering were so great that she preferred death to a continuance of this condition. A speculum examination revealed extensive ulceration and disease of the os uteri, considerable functional disturbance of this organ, some dilatation, slight contraction, and, withal, sufficient dilatability to enable me to promise our patient a safe delivery at this stage of the disease. I was in favor of bringing about labor at once and deliver; but my friend Dr. D. opposed this view of this case, believing she might carry to full term and save the child. I was sure, from the dilatation present, and the slight contractions coming on, she would soon get relief. We cleansed the vagina with a disinfectant wash, alleviated her suffering with opiates, and prescribed a tonic course of treatment.

March 14th. I found our patient gave spontaneous birth to a child during the night, before the services of Dr. D. could be procured. Child lived one hour. Placenta healthy; patient comfortable; lochial discharge very free.

March 23d. Patient comfortable, but discharge still very free. We directed a continuance of disinfectant washes.

March 30th. A speculum examination revealed a pale, vascular, rough, granulated tumor springing from the mouth of the womb, which would bleed upon the slightest touch. We applied a strong solution of the nitrate of silver to this abnormal surface, and continued the general tonic treatment and disinfectant washes.

April 13th. Volume of tumor increasing, but general health of patient improving.

April 27th. Vagina rapidly filling up with malignant tumor.

May 4th. Vagina nearly filled with this morbid mass, yet patient comfortable and stronger, being out of bed a portion of each day. Pulse 110. Temperature 99½.

May 11th. General conditions the same. Tumor rapidly distending the walls of the vagina and creating discomfort from distention and functional disturbance of the bladder and bowels.

May 28th. Tumor the size of a child's head and protruding slightly from the body. I informed Dr. D. of my intention of radically removing the tumor by including the neck of the womb. He opposed the operation very decidedly, but agreed to submit my decision to the patient and abide by her decision in the matter. Her condition being carefully explained to her, she promptly agreed to submit to the operation. We appointed June 1st for our operation.

May 31st. We found her cheerful, she remarked that the last week was one of very little suffering.

June 1st. I went to the house prepared in every respect to perform a radical operation, having in the meantime talked over the different and best methods of operation with my distinguished friend Dr. Goodell, of Philadelphia. I found our patient sitting up and cheerful. I invited some four or five of the physicians of the neighboring town to be present. They all made an examination of the patient and tumor, and protested against the radical operation, declaring she would sink under the operation. We compromised on ligation, strangulation and removal of the tumor by ligature. This was accordingly done.

June 2d. Our patient rested well under the influence of a full anodyne, and we found her condition good; suffering very little pain. I drew the ligature tighter and left her cheerful and hopeful.

June 3d. The ligature was again drawn, and she was suffering considerable uneasiness. I prescribed twenty grains of hydrate of chloral. She was unable to void her urine, which was drawn with the catheter.

June 4th. We found her comfortable, having rested well under the influence of the chloral, and is well nourished with beef tea and milk. She is also taking some stimulants. The catheter was again used and the ligature drawn tighter.

June 5th. Patient weak and anxious; catheter again used, and general treatment continued.

June 6th, 9 A.M. We found her suffering a good deal; opiates alternated with chloral. Appetite gone; bowels have been kept open with enemas.

11 P.M. Very uncomfortable.

June 7th. I remained all night with our patient, and made her as comfortable as possible. This morning there is considerable breaking down of the tumor, which is passing in large quantities. Disinfectant washes used freely.

June 8th, 8 A.M. We found her comfortable and cheerful, with a retaining appetite. The tumor is continuing to break down and pass away.

June 9th. We found our patient continuing to improve, and we had intended to remove the cannula, but found it still firmly attached to remaining shreds of the tumor at its origin. We concluded to let it remain a few days longer. It is drawn high into the pelvis and almost within the uterus, which has receded to near its normal position, the tumor having pulled it down by its weight. One singular feature of this case was the fact of this patient having a constant and violent cough, until the ligature was placed around the tumor, when it suddenly ceased. She is improving in strength, and her pulse is now 100 per minute; tongue cleaning, appetite improving, and she is quite cheerful and feels that she has a new lease of life, however brief it may be.

June 11th. I removed the cannula, which brought with it some little fibrous structure. She continues cheerful and comfortable. The quinine and iron are continued, and she drinks some ale.

June 14th. We found her sitting up in her bed and feeling well; all discharge per vagina having ceased—no smell nor fetor. The upper part of the vagina and uterus feel hard, but are not painful to the touch. She was able to pass her urine since the 11th inst.

June 24th. We found our patient up and superintending her household duties, free from discharge, pain and suffering, and her general condition improving. She continues injections of chlorate of potass. and Labarraque's solution, and is careful to keep the parts thoroughly cleansed.

July 1st. We discharged her, but could not promise how long she would remain exempt from a return of this terrible malignant growth. Though apparently enjoying good health she will certainly have a return of the disease, while a more radical operation, such as I proposed, might possibly have prolonged her life for years.

Ashwell on "Diseases of Females," p. 312, in speaking of the cauliflower excrescence of the uterus says, "It has been objected to the more radical means, that they are only temporarily beneficial, and that the ligature and caustic may provoke irritation and thus lead to the more rapid reproduction of the malady. Such conditioned and doubtful consequences ought not to have weight. Without decided treatment life cannot be long preserved; and there are many examples now on record, proving that years, and these with comfort and modified enjoyment, may by such means be secured." On page 295, he says, under the head of "Excision of the Neck of the Uterus," Professor Simpson, of Edinburgh, has lately published an extremely interesting case. The patient not only quickly recovered, but Dr. Lewins, of Leith, who attended her in her subsequent confinement remarks, "that it is certain that conception took place within ten days from the date of the operation." On page 296, he says, "Dr. Ingleby once excised the cervix for a malignant fungus, which did not extend above the os uteri more than a quarter of an inch. The patient who was almost moribund prior to the operation, became apparently quite well, actually got fat and remained in good health for a year."

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Waynesboro', Pa.

—The missionaries refuse to admit Chinese converts to church membership, unless they give up opium-smoking. That is right. Unless the barbarian can give up opium and take to whisky, he isn't half civilized.

News and Miscellany.

Pharmaceuticals.

ACID PHOSPHATE IN MORNING SICKNESS.

One of the valuable remedies in the sympathetic troubles incident to the early stages of pregnancy, is Professor Horsford's acid phosphate. For morning sickness or nausea it has been used with good results, and it relieves the burning sensation which is sometimes felt before rising. Among those who have recommended it are Dr. D. T. Nelson, of Chicago, who says: "I find Horsford's acid phosphate a pleasant and valuable remedy in indigestion, particularly in pregnant women;" and in Philadelphia, Dr. W. Atlee, who observes: "Having used Horsford's acid phosphate very extensively in my practice, which consists mostly of uterine diseases and disorders incident thereto, it is with pleasure I attest my appreciation of its usefulness." Let the patient put eight or ten drops of acid phosphate into half a glass of cold water and take a sip of it, say before rising, or whenever the sickness or nausea is coming on. To some it may be more palatable to take the acid phosphate in hot water or tea, without milk or sugar; in such cases use the same dilution as above. It is equally effective taken either way. Some constitutions may need a stronger dilution, which fact experience alone can decide.

The Laryngological Congress.

At one of the meetings of the Sub section for the Disease of the Throat of the International Medical Congress, the following resolution, moved by Professor Schnitzler, of Vienna, was carried unanimously:—

"That, opportunity having now been afforded for the first time to laryngology to show its capabilities at an International Medical Congress, and its place among the recognized specialities being now fully secured, a repetition of isolated Laryngological Congresses is the less required; and that it is therefore desirable to abandon the plan adopted at the first Laryngological Congress held at Milan last year, of holding a second meeting next year at Paris."

Although the Section and the Congress are not the same bodies, and a resolution of one is not binding on the other, it is evident that as this resolution was carried by a meeting at which nearly all the leading laryngologists were present, the special Congress is practically defunct, or rather merged into the International Medical Congress.

Unsuspected Illness from Trichinæ.

We have no desire to alarm people by needless warnings, but so little attention, in this country is paid to public health, that the public is not sufficiently watchful. We commend to the consideration of all the following extract from a recent Medical Report, by Dr. Jamison, an English surgeon of repute:—

"When we consider the fact that not only ordinary cooking, but smoking, pickling, and even saturation with chloride of zinc solution, are inoperative to destroy the larvæ of *Trichina spiralis* when encapsuled in muscle, it is not unreasonable to suppose that many of the cases of rapid death, with symptoms of collapse following on pain of a rheumatismal character, and accompanied by sweating, ascites, diarrhœa, and vomiting, which are every summer reported, are due to trichinosis."

Many such, at the time, are reported as cholera morbus, cholera nostras, etc.

The Man Who Lost His Identity.

A case of loss of personal identity was reported in the medical journals about two years ago, which attracted considerable attention and led to wide comment. It appears that this is a trick not unknown to criminals, as is testified by the following paragraph from a daily:—

It seems that Charles Howlett, whom the Bloomington mob took out of jail and hanged for killing the keeper, had previously offended the people of the place by fooling them. He went there two years ago, wearing good clothes and showing gentlemanly manners, and quickly became a social favorite. He declared he had no knowledge of who he was, nor any recollection of his past life, being unable to even recall his real name. This intellectual peculiarity won him great sympathy, particularly from the women, and the physicians discussed his case in a public meeting. Then the facts came out that he had long been a professional criminal, and several thefts sent him to prison for trial.

Health of the French Army in Algiers.

The French army in Algiers has suffered severely from exposure to the intense heat, impure water, and to the badly-framed organization of the medical and sanitary branches. A recent letter says: "Owing to the antagonism between the medical departments of the army and the commissariat, hospital organization has been completely paralyzed, and the state of things is not unlike that which obtained during the Crimean war. In Tunis there is an epidemic of typhoid fever. The hospital at Bone has two hundred cases, and the commissariat officers daily refuse admission to others, for want of beds. Medical aid is also deficient, and an appeal for help to the civil practitioners of the country has just been made.

A Post-Graduate Course.

A plan of post-graduate instruction has been organized in connection with the University of Pennsylvania. It will have two courses annually, beginning in October and March. The Secretary of the course is Dr. Edward T. Bruen, 1531 Chestnut street, Philadelphia, who will furnish further particulars on application.

Smallpox in Chicago.

Of 1359 cases of smallpox in Chicago since January 1st, forty per cent. have proved fatal. It is noteworthy that by far the greater number

of cases have occurred in the Fourteenth ward, where the more degraded portion of the foreign element lives, and where attempts at vaccination have been met by open violence at times. In that ward there are 40,000 persons who have not been vaccinated, and of 108 deaths from smallpox in September, 81 were in that division of the city.

Personal.

—Dr. Chavoix, the oldest member of the Chamber of Deputies, died recently.

—Sir Henry Thompson, recently figured in one of *Punch's* portraits, as the distinguished surgeon and the most skillful dinner-giver in London.

—Dr. G. Beck, of Bern, Switzerland, announces that after Jan. 1st, he will issue his *Journal of Medical Polytechnics* monthly, instead of quarterly, as now. He edits an interesting journal, and we congratulate him on his success.

—Dr. D. J. Snyder, of Scio, O., writes us that he will furnish the seeds of the eucalyptus globulus, with directions to plant, to any medical gentleman who desires to attempt the effort to raise them. He is sure that if the plants be kept for the first winter in a hothouse, they would gain strength sufficient to enable them to endure the following winters.

—Dr. D. A. Joy, of Ann Arbor, Mich., has sent us a copy of an open letter to the medical profession, in which he disclaims all responsibility for the unprofessional advertising of electric apparatus, through Wagner & Co., of Chicago. That firm also send a letter exonerating Dr. Day, and stating that they have discontinued the objectional puffs. The exculpation of both parties appears complete.

Items.

—The Guardians of the Poor of this city have decided that if a suitable building is erected on the Almshouse grounds, it may be placed under the charge of homœopathic physicians. It is to be hoped that this absurd arrangement will not be carried out.

—Dr. Charles F. Dickenshied, the oldest resident of Allentown, and a veteran of the War of 1812, died last week, after a protracted illness. Deceased was born in Milford, Lehigh County, September 28th, 1792, and was, therefore, 89 years and 26 days old. He was one of the oldest graduates of the University of Pennsylvania, receiving his diploma in 1812.

QUERIES AND REPLIES.

Aural Department, Jefferson Medical College Hospital.

Dr. P. H., of Pa.—The out-patient clinics in this department are held daily at 1 P.M., under the care alternately of Dr. L. Turnbull, and Dr. C. S. Turnbull. The whole number of visits made by patients last year reported was 1701. The number of operations performed was 49.

Dr. Alfred, of Maine.—The west coast of Florida has this disadvantage over the east coast, that it is more exposed to the "Northers," which are violent, cold northwest winds.

Candidate of Medicine.—There are special courses in this city for fitting young physicians for the army or navy.

Historian, of N. Y.—We are informed that Prof. Dunglison's *History of Medicine* is out of print.

Hypnotist, of N. Y.—From all the accounts we can gather from the English journals, Dr. Geo. M. Beard completely failed to produce any phenomena of a hypnotic character at all convincing to his medical audiences in London this summer. In fact, the comments of the London *Medical Press* were so severe that we hope for his sake they were unjust, although we have no reason to say they were.

Dr. G. C., of Ills.—*Le Courier Médical*, is a reputable journal, and its reports can be relied upon as much as any.

Mr. H. J., of Washington.—Our own opinion, as often expressed in this journal, is that, on the whole, in the present condition of business, trademarks in pharmacy are more advantageous than injurious; we recognize the abuses to which they are liable, but would rather see efforts directed toward remedying these abuses than to doing away with trademarks altogether.

Experimenter, Ohio.—When you come to talk of ozone and its relation to health and disease, we have to say that we know nothing at all about it. The principal object of every new writer on the subject appears to be that none of his predecessors were correct either in their observations or inductions, and he generally proves it successfully.

German Student, Pa.—We know of no English and German Medical Phrase Book. A good one would have a resonable sale, perhaps.

MARRIAGES.

BOWER—FRICKE.—On September 29th, 1881, at the bride's residence, by Rev. W. R. Graham, F. S. Bower, M.D., of Halifax, Pa., and Miss Katie C. Fricke, of this city.

DULLES—BATEMAN.—On Wednesday, October 5th, 1881, at the Princeton Presbyterian Church, Philadelphia, by the Rev. J. Addison Henry, D.D., assisted by the Rev. John W. Dulles, D.D., Dr. Charles W. Dulles to Mary, eldest daughter of James Bateman.

MONTGOMERY—COXE.—At Quincy, Illinois, Oct. 12th, Dr. Edmund B. Montgomery to Miss Agnes Coxe, both of that city.

MOORE—CLAPP.—On September 29th, by the Rev. William S. Clapp, of Carmel, New York, Dr. Robert S. Moore, of New York, and Susie M., daughter of the officiating clergyman.

PECK—WALCOTT.—On the 31st of August, at St. George's Church, Hanover Square, London, by the Rev. W. S. Meriwether, M.A., Curate, assisted by the Rev. Edmond Payne, M.A., Dr. Edward Sprague Peck and Amelia Ames, youngest daughter of the late Edward Walcott, both of this city.

DEATH.

CADMUS.—Suddenly, at Saratoga Springs, on Friday, September 23d, Dr. Andrew L. Cadmus, formerly of Hudson County, N. J.

KELLY.—September 19th, in Philadelphia, Dr. Frank P. Kelly, in the twentieth year of his age.

TURNBULL.—Died, in Vicksburg, Miss., Wednesday, September 28th, 1881, at 4 o'clock, P.M., Honora Elizabeth, wife of Dr. Robert J. Turnbull, daughter of the late James Roach.